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**A public health perspective of the higher education
experiences of women studying nursing:
A hermeneutic inquiry into commencement
and progression**

**This thesis is presented for the degree of
Doctor of Philosophy**

Lesley Jane Andrew

**Edith Cowan University
School of Medical and Health Sciences**

2019

Abstract

While student retention is a central goal across higher education, the projected shortage in the Australian health workforce has intensified its importance to undergraduate nursing.

Nursing degrees attract a higher proportion of mature-age women students than ever before. More are therefore beginning university at life stage characterised by marriage (or co-habitation) and traditional family structures. Nursing retention strategies require an understanding of the unique university experiences of these women, however, this is missing in the nursing literature. This study is the first to explore the experiences of these women students, doing so from the perspective of Bachelor of Science (Nursing) undergraduates in Western Australia.

The study was qualitative, guided by Gadamer's hermeneutic philosophy and informed by feminist research principles. A public health approach considered the interdependent influences of structure and agency on the student experience, through the lens of social justice, equity and empowerment.

Twenty-nine women participated in in-depth interviews during the second and third year of their degree. This two phase approach, unusual in the nursing literature, created understanding of the student experience across the degree journey.

An analysis of the participants' sociodemographic data revealed all were non-traditional students. The majority were first generation, a group known to face disadvantage at university. Interpreting their university experiences through the lens of student capital revealed a complex picture of influences on the student experience. Limited reserves of cultural and social capital in the form traditionally recognised as crucial to student success (Bourdieu, 1986) created significant barriers to commencement and progression. The differences in women's expectations of the degree, compared to the reality they encountered, presented further challenges. Although the university offered extracurricular centralised support services,

the traditional ideas of gender within the intimate relationship reduced participants' capacity to engage with them.

Participants described how their multiple responsibilities outside the university left them struggling to meet the demands of the degree. Their partners' consistent unwillingness to offer help, combined with the rigid organisation of the curriculum, led many to compromise their achievement expectations to remain at university.

Partners with no experience of university were described as emotionally unsupportive and resentful of the degree's time demands. Tension within these relationships was often high; eight women experienced separation. The university's inflexible response during these intensely difficult periods presented a further challenge.

The women's capacity to continue can be partly attributed to dimensions of student capital previously unrecognised in the nursing literature. Importantly, the availability of these dimensions fluctuated throughout the degree.

The ongoing issues of inequity described in this study suggest that social justice, a central goal of higher education, was not fully available to these participants. To counter this, the university must have an understanding of a woman's lived reality outside the university, and its influence on her experiences within. An understanding of gender as a determinant of educational opportunity is particularly important. The multiple situations of dissonance women may encounter at university and at home, also requires consideration. A strengths-based approach is also important, which recognises and nurtures the diverse student attributes that support nurse student progression.

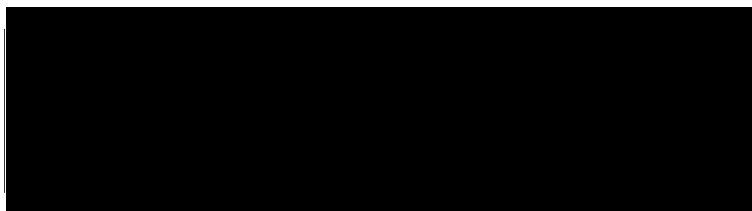
Nurse education may achieve this change through the conscious adoption of a social justice approach. A personalised and responsive model is proposed to translate this into practice in the university and healthcare settings.

Declaration

I certify that this thesis does not, to the best of my knowledge and belief:

- (i) incorporate without acknowledgment any material previously submitted for a degree or diploma in any institution of higher education;
- (ii) contain any material previously published or written by another person except where due reference is made in the text of this thesis; or
- (iii) contain any defamatory material.

Signed:



Date: 7 November 2018

Acknowledgements

My first expression of gratitude goes to the twenty-nine women who gave up their valuable time to share their university experiences, openly and without reservation. I am honoured to be in a position to share these experiences further, and in doing so, deepen an awareness of the difficulties these women faced.

I also thank my late father, Eric Brown, who as a first generation student from a working class family, broke many social barriers to achieve his honours degree in 1960s England. He would be happy to know that his passion for learning and efforts to normalise higher education for his daughter came to fruition. I also acknowledge the love, pride and support offered by my husband Steve, my children Bethany and Edward, and my Auntie Edna, in this long and often stressful journey.

I reserve my final acknowledgments for my supervisory team, whose patient guidance was invaluable throughout my PhD journey. To Dr Leesa Costello, for her ability to see the 'big picture' at times when I was lost in the minutiae, to Dr Julie Dare, for her attention to detail and shared passion for gender equity, and Dr Ken Robinson for his encouragement and expectation of excellence.

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Note

Research output arising from this thesis to date.

Andrew, L., Maslin-Prothero, S. M., Costello, L., Dare, J., & Robinson, K. (2015). The influence of intimate partnerships on nurse student progression: An integrative literature review. *Nurse Education Today*, 35, 1212-1220. doi:10.1016/j.nedt.2015.04.018

Definition of Terms

This section provides a quick reminder of all terms and how they are applied in this thesis. Throughout the thesis, terms are also briefly defined the first time they are used.

Agency

This term describes the ability of individuals to act independently, and make personal life decisions that influence their own lives, and the lives of others (Germov, 2019). In this study, the extent to which participants have agency as students at university, and the extent to which this is curtailed or enhanced by social structures such as the university, healthcare system or relationships with others, is considered. *Also see structure.*

Attrition

Attrition refers to student behaviour of leaving or discontinuing a course of study. According to Tinto (2012), attrition is a measure of the permanent withdrawal from a course of study prior to its completion, and should exclude temporary deferrers or transfers to other courses or to universities where a degree is continued.

Australian Higher Education System

The Australian Higher Education System encompasses all universities and some vocational education and training establishments and some private establishments that provide bachelor and associate degrees (Gale & Parker, 2013). This study is exclusively carried out in a university setting.

Commencement

In this study commencement refers to the time students began their nursing degree. Factors influencing their initial decisions to begin, and commencement process are explored.

Continuation behavior

Unless otherwise specified, this term is used in the thesis to describe all types of student continuation discussed in the student university experience literature. This includes attrition, persistence, retention and progression. In this study, student continuation behaviour is limited to an exploration of their progression. *Also see progression.*

Domestic students	Domestic students are those who are either Australian citizens, holders of permanent resident visas or New Zealand citizens, and who are eligible for a Commonwealth supported place at university (Department of Education and Training (DET), nd). All participants in this study were domestic students.
Educational heterogamy	Educational heterogamy is a sociological term that describes a relationship (marriage or partnership) in which there is an imbalance in the education status of each partner (Bumpass & Sweet, 1972). <i>Also see heterogamous relationships.</i>
Engagement	The term engagement has evolved from Tinto's ideas around student involvement, through academic and social integration (Tinto, 2012). Kuh, Cruce, Shoup and Kinzie (2008) define engagement as "both the time and energy students invest in educationally purposeful practices" (p. 542). While the terms are often used interchangeably, Tinto, distinguishes integration from engagement in that the former implies an internalisation of the norms and culture of university, whether academic or social, whereas engagement refers to participation in the same, with internalisation not a given (Tinto, 2012).
Enrolled nurse	An enrolled nurse (EN) is an individual who has completed an 18 month diploma of nursing from a vocational education and training provider. An EN carries out more basic nursing care and undertakes less complex procedures than a registered nurse (RN). Like RNs, ENs are registered with the Nursing and Midwifery Board of Australia (NMBA) (HWA, 2013).
Equity	Equity refers to fairness within society or social structures and systems. Equity is achieved through equal opportunities for all, irrespective of individual difference, such as gender, social status or income. Equity is a main objective of public health and a principle of social justice (Germov, 2019).
External relationships	This term refers to the participants' relationships outside the university. It includes relationships with

partners, parents, children and other non-university peer friendships.

First generation (FG) students

This refers to students who come from a family where neither parent has attended university before them (Thomas & Quinn, 2007). Ward et al. (2012) argue that students who had parents who attended for any length of time but did not complete university should not be regarded as first generation because of the likelihood they will have developed some level of cultural capital during the time they did attend. A student may be first generation but not first-in-family if they have an older sibling who has attended university (Thomas & Quinn, 2007). In this study, 'first generation' is a term used to describe students whose parents have never studied at university. *Also see first-in-family.*

First-in-family (FIF) students

A first-in-family student is one who comes from a family where no siblings (in addition to neither of their parents) have entered university and completed a degree before them (Thomas & Quinn, 2007). Using the argument of Ward et al. (2012) (see 'first generation') this can also include parents and siblings who had attended but not completed a degree before the student began university. A more recent definition has included a spouse or life-partner as a family member (O'Shea, May, & Stone, 2015). *Also see first generation.*

Heterogamous relationships

Relationships in which partners hold different statuses, characteristics, views or beliefs, such as educational achievements, social class, religious belief or political affiliation (Bumpass & Sweet, 1972). *Also see educational heterogamy.*

Homogamous relationships

Relationships in which partners share similar characteristics, views or beliefs (Bumpass & Sweet, 1972). *Also see educational homogamy.*

Intimate relationships

In this study, this term refers to an established heterosexual relationship between two adults, who live in the same household. This includes married couples and those in a de facto relationship.

Low socioeconomic

This term is used to identify students who come from a low socioeconomic status background. This is

status (LSES) students	determined as living within one of the 25% lowest socioeconomic geographical areas determined by the Index of Education and Occupation. A post code system is used to rank neighbourhoods. Australian universities currently use this system to determine the SES of their students (Australian Bureau of Statistics (ABS), 2013a).
Massification	The opening up of access to higher education for a wider range of students from non-traditional backgrounds (Schuetze & Slowey, 2002). <i>Also see widening participation.</i>
Mature-age student	Definitions of mature-age vary. The Government's Review of Australian Higher Education Final Report categorised mature-age students as being 20 years or over at the time of commencing study (Bradley, Noonan, Nugent, & Scales, 2008). James, Krause and Jennings (2010), and Baik, Naylor and Arkoudis (2015), studying first-year university experiences in Australia, however, referred to these students as being non-traditional age. Krause, Hartley, James and McInnes (2005) separated student categories into school-leavers (aged 19 or younger), non-traditional age (20 – 24) and mature-age (over 25). This study refers to students aged 20 or over on commencement as mature-age, and those under 20 years as 'school-leavers'.
Non-traditional (NT) student	The term describes a heterogeneous group of students who do not fit the description of the traditional school-leaver category. It describes students who, prior to widening participation, had limited access to higher education due to social class, gender, ethnicity, age or prior education (Schuetze & Slowey, 2002).
Persistence behavior	Persistence behaviour encompasses students who have continued their nursing degree without interruption, and also those who have deferred their course at some point before continuing at the same or a different university (Tinto, 2012).
Practicum	The term used to describe clinical practice experience within a nursing degree. The practicum occurs in a clinical environment. Simulation

workshop hours are not included in this definition. Full-time participants in this study took one practicum per semester, completing six in total. This equated to 840 assessed practicum hours during the degree (Australian Nursing & Midwifery Accreditation Council (ANMAC), 2012).

Pre-registration degree

This is an undergraduate degree approved by a country's recognised nursing body that leads to a recognised professional nursing qualification. In Australia pre-registration degrees lead to registered nursing qualifications and the right to apply to the nursing register.

Progression

The term 'progression' is used in this thesis to describe the continuation behaviour of participants. Like persistence, this refers to the continuation of students who have remained at the same university with and without periods of deferral, as well as those who have transferred universities and recommenced their nursing degree. The study also, however, explores participants' perspectives on the factors influencing their ability to continue in their degree. It also explores their perspectives of the factors influencing their academic achievement and personal growth, including grades, skill development, rate of progression, and changes and development in their learning and understanding.

Public health

Public health is concerned with the protection and promotion of the health of populations. It considers the impact of social determinants such as education, wealth and gender on opportunities to be healthy and on health outcomes. It seeks to redress unfair and avoidable situations in which social determinants led to inequity in health. Social justice is a major objective of public health (Baum, 2016). *Also see equity and social justice.*

Registered nurse (RN)

This is defined as "a person who has completed as a minimum a three year bachelor degree and is registered with the Nursing and Midwifery Board of Australia" (HWA, 2013, p. 3). RNs work both autonomously and within a multidisciplinary team, and have accountability and responsibility for their

	own practice, delegating care to enrolled nurses and other health workers where appropriate.
Retention	This refers to persistence within a single higher education institution (Seidman, 2012).
Rural and remote students	Students identified as living in rural and remote areas of Australia according to the Rural, Remote and Metropolitan Areas (RRMA) classification of postcode (Australian Institute of Health and Welfare (AIHW), 2011).
School-leaver students	This describes students who enroll in higher education directly after completing their high school education. Students are considered to be school-leavers if are under 20 years old on 28th February in the year they commence their first semester of study (Tertiary Institutions Service Centre (TISC), 2016).
Social justice	Social justice is a philosophy concerned with the fair distribution of resources, according to needs, rather than the ability to pay, so that situations of inequity may be redressed within society. It is underpinned by four principles: access, rights, participation and equity. Social justice is a central objective of public health in Australia (Department of Health, 2004) and globally (Germov, 2019), and, since the advent of widening participation, has become an important goal of higher education (Furlong & Cartmel, 2009).
Structure	This term refers to the social structures that may influence an individual's agency (Germov, 2019). In this study, the influence exerted by social structures such as the university, healthcare system, and family culture and tradition influencing student agency are explored. <i>Also see agency.</i>
Theory unit	Theory units are all non-practicum units in a teaching degree. Within the Bachelor of Science (Nursing) taken by the participants in this study, full-time pathways include three theory units per semester. Eighteen theory units must be completed and passed before a student can graduate.
Widening participation	The opening up of access to higher education since the 1960s and 1970s to a wider range of students

across diverse social and cultural backgrounds (Schuetze & Slowey, 2002). *Also see massification.*

List of Acronyms

Acronyms used in this thesis are introduced and explained the first time they are used. This section provides a quick reference reminder of all terms.

AACN	American Association of Colleges of Nursing
ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
ANMAC	Australian Nursing and Midwifery Accreditation Council
DBIS	Department for Business, Innovation and Skills (UK)
DEEWR	Department of Education, Employment and Workplace Relations (Australia)
DETYA	Department of Education, Training and Youth Affairs
DET	Department of Education and Training (Australia)
DOH	Department of Health (UK and Australia)
EN	Enrolled Nurse
FG	First Generation (student)
FIF	First-in-Family (student)
HEFCE	Higher Education Funding Council for England
HESA	Higher Education Statistics Agency (UK)
HILDA	Household, Income and Labour Dynamics in Australia
HSES	High Socioeconomic Status
HWA	Health Workforce Australia
HWE	Health Workforce England
LSES	Low Socioeconomic Status
MSES	Medium Socioeconomic Status
NHS	National Health Service (UK)
NHMRC	National Health and Medical Research Council (Australia)
NMBA	Nursing and Midwifery Board of Australia
NT	Non-Traditional
OECD	Organisation for Economic Co-operation and Development
RCN	Royal College of Nursing
RN	Registered Nurse
SEIFA	Socio-Economic Indexes for Areas (Australia)
WHO	World Health Organisation

Chapter One: Study Background

Introduction

This chapter begins with an explanation of the factors motivating the study. The reasons behind the decision to explore the university experiences of women students who are in an intimate relationship are given. The decision to understand these experiences through the perspective of undergraduate nurse students is discussed.

The chapter then turns to the context of higher education, the widening participation agenda and the resultant rise in non-traditional student numbers attending university, which importantly includes mature-age women. In this study, mature-age students are regarded as those who are aged 20 years or over when first commencing a university degree, reflecting the definition used by the Australian Government's Review of Australian Higher Education Final Report (Bradley et al., 2008). An argument is made for the use of a public health perspective as a way of exploring the lived reality of women students in an intimate relationship, within and outside the university, and the structural factors that affect their agency in higher education.

Understanding the student experience from a public health perspective requires an awareness of the student's socio-demographic status and the potential inequity associated with this. As this research evidence is missing for women students who are in an intimate relationship, it is drawn from studies of mature-age women students, and nurse students in general. The chapter then offers a summary of the research problem, the research aim, significance, questions and sub-questions.

The structure of the thesis is then outlined, followed by a vignette of the university experience of each of the 29 women participants.

Motivation for the Study

I was inspired to undertake this study as a result of my interactions with women students during my career as a university lecturer. Sharing these motivations supports the transparency of the study, an important aspect of trustworthiness in qualitative studies such as mine (Guba & Lincoln, 1989).

Most of the courses I have taught during my career have attracted a high percentage of mature-age women students. In my experience, women who were in an intimate relationship with a male partner appeared to struggle disproportionately at university, because of the conflicting demands of home and family. Home responsibilities often led to late submission of assessed work and non-attendance in classes. Male partners were often described as unreliable and reluctant sources of support, and family conflict was often reported. Occasionally, women recounted incidents where partners purposely sabotaged their ability to study, through the destruction of study materials and equipment, withdrawal of assistance with childcare and through emotional, and occasionally physical abuse. It was not unusual for these students to approach me after having reached a crisis point where they felt unsure how they could negotiate a way forward in their degree. Some subsequently chose to defer their studies or leave the course. Others experienced relationship breakdown during their degree, and were unable to continue due to the emotional and financial uncertainty that followed.

On discussing this phenomenon with academic colleagues in my first teaching position in an English university, I discovered a common anecdotal perspective that women in intimate relationships faced unique difficulties when studying at university. Some women colleagues revealed that, when students themselves, they had been advised to be prepared for a difficult journey and to expect some level of relationship tension. Some academic staff also admitted warning married women students they were at risk of divorce during their degree. On migrating to Australia in 2010, I began working as a lecturer in nursing. Here, I became aware of similar issues from women students who were in intimate relationships, and heard similar stories from teaching colleagues.

The dearth of formal recognition of this phenomenon in the literature discussed in Chapter 2, and the absence of initiatives supporting the successful continuation of women students in intimate relationships, led to my choice of research topic. I was aware that my interest in this area arose from my encounter with women who had unhappy and adverse experiences during their degree journey. Women who had positive experiences at university while in intimate relationships did not come to my attention, as they had not sought my help or support. So that an authentic and balanced understanding could be developed, women who studied while in an intimate relationship were invited to discuss their overall experiences of university. The study's recruitment and data collection materials and procedures carefully avoided inferences that may have biased the study, including any suggestion that being in an intimate relationship may negatively influence the university experience. This approach supported the development of a holistic understanding of the experiences of these women, in which the influence of individual, relationship, social and environmental factors could be explored from the women's perspective.

Why Study the University Experience of Undergraduate Nurse Students?

The popularity of nursing among mature-age women students

The decision to explore the experiences of nurse students in this study was made because of the comparatively high proportion of mature-age women taking nursing degrees in Australia. Nursing is, therefore, a discipline that is likely to attract women who study while in an intimate relationship, and provide an appropriate context to address the research questions.

At its inception, nursing was an exclusively female profession; the original Nightingale model excluded men from entry (Kalisch & Kalisch, 2004). The gradual opening up of nursing to men seems to have made little impact on this gender imbalance within the profession. The move of nurse education to the higher education sector also appears to have little influence. Here, unlike many other disciplines that saw some evening-out of the genders, such as medicine, women remain considerably over-represented in nursing. Figures

for nursing show that in 2003 just 8.6% of students were men (HWA, 2013), rising slightly to 12% in 2010 (DEEWR, 2011). The pattern is the same in the United States of America (USA), with male nurse student percentages of 9.5% in 2005 and 12% in 2015 (American Association of Colleges of Nursing (AACN), 2016).

Societal ideas of gender appear to be a significant contributor to this phenomenon. Australian researchers Pullen and Simpson (2009) have argued that, while it has become an increasingly technical career offering greater managerial opportunities, the persisting popular perception of nursing as a caring profession, and therefore an extension of the stereotypical view of the female role, continues as a major influence. Health Workforce Australia has similarly argued the view of nursing as 'women's work' plays a significant role in deterring male students, as does the lack of male role models in the profession, and the comparatively higher salary of other health careers (HWA, 2013). For Australian men, who tend to consider their role as the main breadwinner within the family (Baxter & Hewitt, 2012), the low starting salary may be a particular dissuasive factor (Vere-Jones, 2008).

Nursing has, however, experienced a rise in mature-age students. In the UK where nurse student ages are routinely centrally recorded, the proportion of older women students has increased to the extent that, according to Donaldson, McCallum and Lafferty (2010), it has resulted in a change in the UK nurse student profile (2010), to the extent they are now regarded as a "rich and necessary source of recruitment for the nursing profession" (Donaldson et al., 2010, p. 655). The USA, which also records nurse student ages, has experienced a similar trend. In the mid-2000s, numbers of nurse students under the age of 25 were at a 40 year low, while those aged over 25 were rising steadily (Auerbach, Buerhaus, & Staiger, 2007).

In Australia no regular national system operates to record trends in student nurse ages. However, a 2006 study indicated 59% of commencing domestic nursing students were over 20 years old (Council of Deans of Nursing and Midwifery, 2008). A separate study of nurse student demographics across eight Australian universities reported 49% were aged over 25 years, the mean age being 26.6 years (Gaynor et al., 2007). Applicant

data for 2014 showed nursing degrees in Australia attracted three times more non-school leavers than school-leavers (DET, 2015).

For nurse students in Australia, the comparatively low cost of the nursing degree has increased its accessibility to women with family financial responsibilities. Nursing degree fees have remained at the lowest band (one) since 2010. Moreover, repayment of nursing degree student loans under the Higher Education Contribution Scheme-Higher Education Loan Program (HECS-HELP) scheme has recently been reduced, subject to specified conditions once the student begins work as a qualified nurse (Department of Health, 2014). The opportunity to gain entry onto a nursing degree through a range of pathways has also helped older students without traditional university entry qualifications.

At the same time younger women, particularly school-leavers, appear to be less interested in nursing as a degree choice. Along with teaching, nursing was once the chosen career of ambitious young women. The opening up of other professions has led to an array of career options, many more financially rewarding and prestigious than nursing, including medicine and professions allied to medicine (Buerhaus, Staiger, & Auerbach, 2000; Shelton, 2012). This situation is evident in Australia, where younger women have increasingly rejected a career in nursing, and where the nursing degree has been described as having “very limited appeal to young people” (Dockery & Barns, 2005, p. 375). A study of 1059 high school students in the UK also concluded that nursing was an unpopular degree subject among those considering future university options (Neilson & Jones, 2012).

This shift in societal expectations and opportunities for women has therefore meant nursing degrees now attracts an older age demographic. This strongly suggests more women than ever before are studying nursing while in an intimate relationship. Certainly, nurse students in such relationships would have been unheard of when the profession was first conceived by Florence Nightingale in the mid-1800s. At this time, only women who were single or widowed were considered eligible to train; those who married after they were qualified were expected to leave the profession (Kalisch & Kalisch, 2004).

Today, relationship status, as with gender, no longer affects eligibility to study and practise as a nurse. While the intimate relationship status of university students is not measured or monitored, a study of 211 nursing, liberal arts, and education undergraduates enrolled at a large Australian university revealed 35% lived with partners (with or without children). Significantly, this is 10% more than those living with parents (Southgate et al., 2014). More broadly, the Australian Bureau of Statistics (ABS) has estimated that 30% of all university students live with partners (ABS, 2013b). As mature-age women student numbers at university continue to rise, the requirement to understand the experiences of those who study while in an intimate relationship is increasingly warranted.

The importance of nurse student retention to the future nursing workforce

While the evidence from this study can be used to benefit the individual student experience, and the retention rates of the nursing school (henceforth the 'School'), it also has potential to sustain the future supply of the nursing workforce and therefore the health of the wider population.

In Australia, nurses make up 55% of the healthcare workforce, 80% of which are registered nurses (HWA, 2013). These nurses have a central role in the healthcare workforce, through the promotion and protection of population health, the management of chronic diseases, and the coordination and provision of care across all sectors of society.

Of profound concern therefore is the increasing shortage of nurses and other vital healthcare professionals. Global figures estimate a deficit of 12.9 million nurses, midwives and doctors by 2035 (Global Health Workforce Alliance & World Health Organisation, 2013). Within developed countries the phenomenon of the ageing population has compounded the issue, intensifying concerns that nursing shortages may increasingly lead to unmet healthcare needs (AACN, 2014; Buchan, Seccombe, & O'May, 2013; HWA, 2013).

In Australia, the Department of Employment currently asserts there is no overall shortage in the nursing workforce, although 'pockets' of unmet demand are evident across all States and Territories. Data from the Department of Employment, however, reveal a decline in the advertised job

vacancies filled, from 79% in 2013 to 73% in 2017 (Department of Employment, 2017). Of deep concern to the Australian Government is the predicted shortage of registered nurses, estimated to be 27% by 2025 (HWA, 2012, p. 1). In the United Kingdom (UK), these shortages are already evident within the National Health Service (NHS), where demand is increasingly outstripping supply (Marangozov, Williams, & Buchan, 2016). In March 2015, this shortfall was estimated as 9.4% (Royal College of Nursing (RCN), 2016). Nursing job vacancies doubled from 2013 to 2016, to approximately 40,000 in December 2016 (RCN, 2017). This situation appears to be worsening in England. In 2017, the NHS reported that, for the first time, more nurses left the NHS than commenced (NHS Digital, 2018). Similar trends exist in the USA, where shortages have been reported since the late 1990s. It is projected that by 2030, there will be “significant RN workforce shortages throughout the country” (Juraschek, Zhang, Ranganathan, & Lin, 2012, p. 1).

An important factor threatening the future nursing workforce is that, like the nurse student body, it is ageing. In Australia, the average age of the combined workforce of nursing and midwifery (the former representing around 90% of total numbers) rose from 44.1 years to 44.6 years between 2008 and 2012. The percentage of nurses and midwives aged 50 years or older also increased from 35.1% to 39.1% over the same period (AIHW, 2013). Similarly in the USA, the average age of practising registered nurses rose from 37.7 years in 1983 to 41.9 years in 1998 (Buerhaus et al., 2000) and to 47 years in 2008 (AACN, 2014), an increase twice that seen in other occupations. Comparable increases in the average age of the nursing workforce have occurred in England, Scotland, Wales and Northern Ireland (RCN, 2015). The associated increase in those eligible to retire over the next few decades has significant implications for the already threatened workforce.

A further trend contributing to the ageing of the nurse workforce, and directly influencing staffing shortages, is the loss of younger nurses from practice. Resignation from the nursing profession is particularly common among young nurses, in both the UK and Australia (Drennan et al., 2015; Preston, 2008). For these women, the increased range of career options, combined with the incompatibility of shift patterns with family life and the often

intense working environment, contribute to this pattern (HWA, 2013; Preston, 2008). The significance of these trends cannot be overlooked; together they represent a future scenario where healthcare services are increasingly unable to meet the needs of the population they serve.

The retention of nurses practising within the healthcare workforce is not the focus of this study. The study is, however, concerned with informing strategies to support the supply of nurses into the workforce. Graduates from pre-registration nursing degrees form the overwhelming majority of this supply, and therefore nurse education plays a pivotal part in maintaining the nursing workforce. According to the Organisation for Economic Co-operation and Development (OECD), “increasing investment in nursing education is particularly important as the nursing workforce is ageing in many countries and the baby-boom generation of nurses approaches retirement” (2016a, para. 1).

The Higher Education Context

The move of nurse education to the university setting

In the 1980s and 1990s, concerns around future workforce deficits, inconsistencies in training standards and the growing skill requirements of an increasingly technological workplace resulted in the permanent and exclusive preparation of Australian registered nurses via higher education. The Government publication ‘Our Duty of Care’ (Heath, 2002) set out the requirement for a nationally consistent standard of a three year (six semester) full time bachelor degree course with academic standards equivalent to other comparable health professionals.

At the same time, similar concerns led the UK to move from hospital based training to diploma level registered nurse education and later, through the advent of the ‘Project 2000’ initiative, the opportunity to study at bachelor degree level (United Kingdom Central Council for Nursing, Midwifery & Health Visiting, 1999). The move to an exclusive higher education programme of nurse education came later however, when in 2013 the option to study via the diploma route for registered nurse preparation ceased (Nursing and Midwifery Council (NMC), 2010).

For Australia's neighbour New Zealand, high nurse student attrition rates and a concern that the apprenticeship hospital based training system may be exploitative prompted the move of nurse education to the higher education sector. The Carpenter Report (1971) initiated the transition to polytechnic-based nurse education, which was completed by 1989 and was extended to universities in the 2000s (Gage & Hornblow, 2007).

A review of nursing education by the OECD demonstrated that by the mid-2000s, the vast majority of countries exclusively educated their registered nurses at undergraduate degree level within a higher or other tertiary education establishment (Robinson & Griffiths, 2007). The discipline of nursing entered the higher education system during the period of widening participation. Understanding the nurse student's university experience requires an understanding of the widening participation process and its influence on higher education.

Widening participation and the increase in non-traditional students at university

The Western university system was originally developed to educate white male school-leavers from privileged backgrounds. This group dominated the student body until the relatively recent advent of widening participation, a process prompted by the growing requirement for a highly skilled and educated workforce in an increasingly competitive global market (Organisation for Economic Co-operation and Development (OECD), 2008).

The 1988 strategy for the long-term development of Australia's higher education system, 'Higher Education; A Policy Statement' (Dawkins, 1988) accelerated widening participation in terms of overall growth in student numbers and improved access for previously underrepresented student groups. Two decades later, the Review of Australian Higher Education Final Report, commissioned by then Education Minister and Deputy Prime Minister Julia Gillard, was published in 2008 (Bradley et al., 2008). Commonly known as The Bradley Report, this recommended an increase in the percentage of the overall Australian population educated to bachelor degree level. The report also presented a vision of higher education as a vehicle for social justice,

providing fairer access for students across a wide range of social backgrounds, and in doing so, supporting their social mobility.

The response to this review, 'Transforming Australia's Higher Education System' (DEEWR, 2009) laid out a strategy to fund and achieve these recommendations. A target was set to raise the percentage of the student population aged between 25 and 34 years from 32% in 2008 to 40% by 2020 (DEEWR, 2009). A range of government and higher education institutional strategies were developed to meet these prescribed targets. Student numbers were increased through the removal of caps on the numbers of government assisted places and through the creation of a student-demand driven system (Gale & Parker, 2013). Access was also improved, with a wider range of criteria, including prior learning and life experience, considered as suitable entry qualifications. Universities also developed independent university preparation courses, through which students could gain entry to certain degree courses (Gale & Parker, 2013). Across Australia, and other OECD nations, the expansion of online learning and part-time study options facilitated access for students who needed to support themselves financially through paid work, and those who had carer responsibilities (Thomas & Quinn, 2007).

Targets were also set to raise the participation of six groups of students underrepresented in Australian universities (DEEWR, 2009). These 'equity groups' were: students who identified as being Aboriginal or Torres Strait Islanders, students with disabilities, students from rural and remote areas, students from non-English speaking backgrounds, students from low socioeconomic status backgrounds (LSES) and women students in non-traditional subjects (DEEWR, 2009). Initiatives were devised to enhance the accessibility of higher education for these groups. For example, university entry scores were lowered for students from LSES neighbourhoods or who had attended LSES schools (Gale & Parker, 2013).

Like Australia, the widening participation efforts within the UK also focused on increasing the percentage of the younger adult population with a university degree, and redressing the imbalance of participation of certain groups across society (Labour Party, 2005). Equity targets were set for students on low incomes and black or minority ethnic students (Department

for Business, Innovation and Skills (DBIS), 2015). The student equity groups identified in USA widening participation reforms essentially reflected those of Australia and the UK; however, they also included first generation students, that is students from a family where neither parent had attended university before them (Cahalan, 2013; Thomas & Quinn, 2007).

The widening participation agenda resulted in a radical increase in student numbers across OECD nations. In Australia, 35% of women and 28% of men held a bachelor degree or higher in 2017, a rise from 22% and 20% in 2004 (ABS, 2017a). The proportion of mature-age students at university (defined by the department as aged 21 years and over on commencement), also rose, from 57% in 1987, to 63% in 2000 (Department of Education, Training and Youth Affairs (DETYA), 2001), and 65% in 2016 (DET, 2017c). An increase in representation was also seen amongst all but one of the six equity groups between 2007 and 2017, the exception being women in non-traditional subject areas. Parity of representation however, was not achieved. LSES students, for example, who represent 25% of the Australian population, accounted for just 19.9% of the higher education population in 2017 (an increase from 15.1% in 2001) (DET, 2017b).

Supporting the non-traditional student university experience

The widening participation process is underpinned by the principle of social justice that is the redress of inequity within society (Germov, 2019). In 2008, the then British Secretary of State for Universities, Innovations and Skills, John Denham, argued “education is the most powerful tool we have in achieving social justice. From that recognition, the responsibility arises - not to lower standards but to seek out, support and nurture talent, wherever it exists” (Patton, 2008, para. 6). The achievement of social justice relies not only on equity of participation, but on equity of success. Universities have an ethical responsibility to facilitate this outcome. This duty was summarised by the International Association of Universities (IAU), which stated “the goal of access policies should be successful participation in higher education, as access without a reasonable chance of success is an empty phrase” (IAU, 2008, p. 1).

Over recent decades many initiatives have been developed to better support non-traditional student success at university. In the USA, financial support and academic support services are offered to first generation students (Cahalan, 2013). In Australia, financial assistance with study fees, accommodation and travel have been made available to Aboriginal and Torres Strait Islander students through the ABSTUDY scheme (Department of Human Services, 2018), and new ways to better support the success of these students following commencement have been explored (Andersen, Bunda, & Walter, 2008). The creation of the Higher Education Participation and Partnership (HEPPP) scheme (DEEWR, 2009), funds university efforts to increase the participation and success of students from a low socioeconomic status background (LSES). Despite these efforts, disparity still exists. In Australia, students in all six equity groups continue to experience lower success rates (passing of subject/s attempted) than their traditional student peers (DET, 2017a).

Interpreting the Nurse Student's University Experience through a Public Health Lens

Public health, like widening participation, is underpinned by the goal of social justice (Baum, 2016; WHO, 1986). The application of a public health approach in this study offers a way to understand issues of social justice among university students. The first step towards this understanding is an awareness of the students' sociodemographic status, and the disadvantages associated with this. Only then can the student experience be meaningfully understood, and effective strategies put in place to support them.

Although no demographic information exists that is specific to women who study at university while in intimate relationships, evidence from studies of mature-age women and nursing students is available. Explored in the following section, this reveals these students have higher than average rates of attrition and higher than average membership to two of the six equity groups known to experience disadvantage at university.

A public health approach also supports an interpretation of these women's university experiences through combined influences of structure and

agency (Giddens, 1981). In this study, 'agency' describes the student's individual choice and power, and 'structure', describes aspects of the student's social reality such as social status, gender, family, and higher education and healthcare institutions they engage with. For a study exploring the experiences of women who study whilst in an intimate relationship with a male partner, this more holistic understanding is particularly important.

The retention of mature-age nurse students at university

National university retention figures reveal older students experience comparatively high attrition rates across Australian undergraduate degree disciplines. Figures for commencing students of both sexes in 2012 for example, revealed an 84.1% retention rate for students aged under 25 years old compared to 75.1% for those aged 25 years and over. The retention rate for 2015 was similar, at 83.1% and 71.8% respectively. Older students at the university in this study also had lower retention rates, with 2012 undergraduate retention figures at 80.5% for those under 25 years of age, and 71.8% for over 25 year olds. Figures for 2015 continued the trend, at 77% and 70.5% respectively (Universities Australia, personal communication, May 4, 2018).

Data specific to nurse students reflected this trend. The retention rate of commencing school leaver undergraduates (aged 17 to 19) was steady between 2011 and 2016, at 82.9%. Across the same period, students aged 20 to 24 years old were retained at a lower rate of 82.2%, and those aged 25 years or above at an ever lower rate of 80.3% (P. Hayes, personal communication, May 4, 2018). While useful in identifying the comparative vulnerability of mature-age nurse students at university, this information lacks depth of meaning. Understanding the reasons for this disparity requires an understanding of the student experience, and the complex factors that influence it, informed by the student's lived reality within and outside the university. In this study, the lived reality of the intimate relationship is the central focus of the women's lived reality outside the university.

Mature-age women nurse students as first generation students

Studies in Australia, the UK and the USA reveal mature-age women are particularly likely to be first generation students, demonstrably more so than mature-age male students and school-leavers of both sexes (Baik et al., 2015;

Cahalan, 2013; DBIS, 2015; Engle & Tinto, 2008). Definitions of first generation student vary. Thomas and Quinn (2007) define them as students whose parents did not complete a degree, while Ward et al. (2012) included students whose parents had never attended university in their definition. Students can also be described as 'first-in-family' (FIF) students. This term is used to describe students who not only represent the first generation in their family to go to university, but are also the first sibling within their immediate family to do so (Thomas & Quinn, 2007; Ward et al., 2012).

The widening participation process has supported an increase in the participation of first generation students at university (Thomas & Quinn, 2007; Ward et al., 2012). Data from the UK Higher Education Statistics Agency (HESA) Student Record showed more than half (52.8%) of commencing students in 2014/2015 were first generation, defined in this situation as a student whose parents did not have a bachelor degree qualification (K. Martin, personal communication, October 27, 2016). Although Australia does not routinely monitor numbers of first generation students, research undertaken in two large Australian universities demonstrated similar rates to the UK (McIntyre, Todd, Huijser, & Tehan, 2012; Shanahan, Burgess, & Yardley, 2011).

First generation data specific to nurse students is not obtainable in the UK or Australia. However, the popularity of nursing amongst mature-age women suggests that many of these students are first generation. An Australian national survey of the first-year student experience supports this notion, in its revelation that health degrees are "traditional first generation pathway[s] into higher education" (James et al., 2010, p. 63). In the USA, where first generation students are a recognised equity group, data are more accessible. These demonstrate that undergraduate nursing attracts a high proportion of first generation students (Jeffreys, 2012).

Family history, and the history of the profession itself may play a part in the tendency of nursing students to be first generation. These students often report that having parents who were nurses influenced their decision to study the subject (Hickey & Harrison, 2011; Larsen, McGill, & Palmer, 2003; McLaughlin, Mountray, & Moore, 2010; Mooney, Glacken, & O'Brien, 2008).

Since these parents are likely to have trained under the earlier hospital apprentice model, their children would represent the first generation of their family to study nursing at university.

Being first generation is associated with disadvantage. These students face inequities that limit their participation and transition into higher education as well as their academic success and continuation (Ishitani, 2006; Pascarella, Pierson, Wolniak, & Terenzini, 2004; Thomas & Quinn, 2007; Ward et al., 2012). This inequity is often associated with students' cultural capital, which is described as the language, values, experiences and ways of knowing that are limited, or different to those recognised by higher education (Bourdieu, 1986; Thomas & Quinn, 2007). This situation, discussed in detail in Chapter 3, renders first generation students less able to interpret and manage university expectations (Collier & Morgan, 2008; Ishitani, 2006; Scevak et al., 2015; Soria & Stebleton, 2012; Thomas & Quinn, 2007). First-in-family students in Australia have also been found to be disadvantaged by acute financial distress at university (King, Luzecky, McCann, & Graham, 2015).

Mature-age women nurse students as LSES students

Students from a low socioeconomic background (LSES) are an equity target group in Australia, the UK and the USA. In Australia, the student's socioeconomic status is ascertained using the Socio-Economic Indexes for Areas (SEIFA) Index of Education and Occupation (ABS, 2013a). Although recognised as a crude measure when applied to individual circumstances (Lim & Gemici, 2011), the SEIFA categorises geographical areas and neighbourhoods according to levels of educational achievement and occupational status. Students who live in the 25% of areas ranked as most disadvantaged are viewed as LSES students (Bradley et al., 2008).

Although LSES students remain underrepresented across the board in Australian education, they are comparatively well represented in health degrees (Bennett et al., 2015). Nursing in particular attracts high numbers of LSES students, with undergraduate nursing degrees attracting around twice as many LSES students as other academic disciplines, with the exception of education. In 2014, 11.8% of the total population of LSES university students were enrolled in nursing degrees, compared to just 5.5% of the higher SES

student population (DET, 2015). Reasons for this anomaly are not certain, however, the long history of nursing as a non-degree profession prior to the 1980s and 1990s may have established nursing as a particularly accessible course for LSES students, who, prior to widening participation had a limited choice of post-school study options. The continued popularity amongst LSES students since its move to university may have been influenced by the lower financial cost of nursing, compared to many other degrees.

Mature-age students in Australia also have a higher propensity to be LSES than younger students, especially those who are women (Baik et al., 2015; James et al., 2010). In the USA, Engle and Tinto (2008) have found LSES students are particularly likely to be mature-age women.

Attrition amongst Australian LSES students is comparatively high. National data for LSES undergraduates (both sexes) from 2012 revealed a 77.6% retention rate, compared to 79.8% for medium socio-economic status (MSES) and 82.1% for high socioeconomic status students (HSES). The data pertaining to the School in which this study was carried out also show disparity, with 2012 retention figures at 76.6% for HSES students, 75.5% for MSES students, and 73.9% for LSES students. The 2015 data indicated the same 3% disparity (P. Hayes, personal communication, May 4, 2018).

Studies of LSES students tend to report strikingly similar difficulties at university to first generation students. LSES students tend to be disadvantaged by financial difficulties, and by their lack of understanding of the student role and associated academic expectations of university (Devlin, 2013). Like first generation students, they find it hard to reconcile and manage the dissonance felt between their own values and practices and those held by the university (Reay, Crozier, & Clayton, 2010; Thomas, 2002; Yorke & Thomas, 2003), a situation Devlin has referred to as 'sociocultural incongruity' (2013). The overlap in the difficulties facing LSES and first generation students is not surprising, considering the commonality of their backgrounds; LSES students tend to be first generation, and first generation students tend to come from lower income families (Engle & Tinto, 2008). So common is the overlap amongst Australian students that McKay and Devlin (2014) identified students

as LSES in their recent study from the combined criteria of their SEIFA (postcode) score and their first generation status.

Although not a recognised equity group, mature-age women students are commonly identified as being LSES and first generation students, more so than mature-age men and school leaver students (Cahalan, 2013; James et al., 2010; Thomas & Quinn, 2007). Women who are in an intimate relationship are likely to be mature-age, and therefore belong to one or more of these groups known to face disadvantage at university. This study aims to understand this situation from the student perspective, to reveal how the dimension of the intimate relationship with a male partner further influences the university experience.

Summary of the Research Problem

The widening participation process in higher education has resulted in a significant rise in non-traditional student participation. Compared to their traditional peers these students tend to be less equipped to succeed. My personal experience shows one such non-traditional student group, women who study while in an intimate relationship, face complex challenges when studying for a degree. Most of these challenges originate from structural factors associated with their lives outside the university. An understanding of the influence of one such external factor, the intimate relationship, is missing from the non-traditional nurse student literature.

A combination of factors associated with the history of nursing, the move of nurse education to the university setting, the process of widening participation, and the shift in societal attitudes towards women, work and study, have led to an ongoing rise in the number of mature-age women taking nursing degrees. It is reasonable to assume that many of these women will be in an intimate relationship. Understanding the university experiences of these women is needed so the student body can continue to be well supported at university. Although primarily addressing issues of student equity, this outcome also has wider implications for Australia. As a country facing future workforce shortages, the maintenance of a sufficient supply of graduates into the profession is essential.

While students in an intimate relationship are not currently recognised as a distinct student group, mature-age women students are. Studies reveal these students have a comparatively higher attrition rate than their school-leaver peers. They also have a tendency to be LSES and first generation students, groups known to experience disadvantage at university. They are likely therefore to experience a multitude of disadvantages that act to limit achievement and increase the risk of attrition.

Although this is useful background information on which the experiences of women who study while in an intimate relationship may be contextualised, they are not a substitute for studies that focus directly on these women as a discreet student group.

In exploring the experiences of this group of women students at university through a public health lens, this study will offer new insight into their lived reality, and those key factors that influence their commencement and progression at university.

Research Aim

The aim of the study is to understand the university experiences of women who study nursing while in an intimate relationship with a male partner. The study will take a public health approach to identify who these women are, in terms of their socio-demographic student characteristics, and, using their own perspective, create an understanding of the individual, interpersonal relationship and social factors that influenced their commencement and progression (with progression referring to their successful continuation and academic achievement). This understanding will be developed from the perspective of women students who have successfully reached the final stage of their degree.

Research Purpose

The purpose of the study is to provide new insights into the university experiences of this student group that can inform nurse education initiatives, and therefore support their commencement and successful progression towards graduation.

Research Significance

Studies that endeavour to support the student experience have the potential to benefit the individual student, their family and local community, as well as the higher education institution. Given the challenges associated with the nursing workforce shortage, the potential benefits of this study also extend further to include the healthcare sector and the health of the Australian population.

Benefits for the student and their family

Supporting opportunities for students from disadvantaged backgrounds to become graduates has important social justice implications. Where such support is absent, education acts instead to reinforce societal inequity with the financial and social benefits education brings being restricted to those already in positions of privilege (Bourdieu, 1986). This cycle of inequity in access to higher education in Australia is demonstrated by statistics that reveal children of parents who are in professional or managerial positions are three times more likely to go to university than those whose parents are engaged in manual occupations (Norton, 2012).

In Australia, nursing represents a pathway into university for a comparatively high proportion of LSES and first generation students. The acceptance of alternative entry criteria, such as portfolios of prior experience, and the comparatively low cost of the degree facilitate their access to higher education, and the benefits associated with graduate status and the membership of a profession.

While markedly lower than the more elite health professions such as medicine, the nursing profession offers successful graduates access to increased earning capacity. Grattan Institute 2006 figures show the median net financial benefits for registered nurses in Australia (after tuition costs and other associated losses have been deducted) to be around \$400,000 to \$450,000 higher over a lifetime compared to those for students who completed year 12 only (Norton, 2012). In contrast, those who drop out of university without completing their degree are often left in financial debt due to fees and living cost loans. The social benefits of a degree qualification for students and

their families, are also well recognised. Children of graduates are more likely to achieve well academically, with Dockery, Seymour and Koshy (2016) describing a “steep gradient between parental SES and children’s educational achievement” (p. 1697).

Local community and wider societal benefits

Graduate benefits are not restricted to the individual student and their immediate family, with higher employability and social commitment or ‘good citizenship’ extending the social and economic advantages to the wider community. The Grattan Institute, for example, singles out graduates of health as engaging in particularly high rates of volunteering (Norton, 2012).

Graduates also tend to be healthier and more able to make informed and well-funded health choices. They are less likely to engage in crime, more likely to demonstrate higher participation in civic duties (Baum, Ma, & Payea, 2013; Norton, 2012) and may also demonstrate a more inclusive and less racist attitude compared to their non-graduate counterparts (National Audit Office, 2007). Graduates and their children are also more likely to have more egalitarian outlooks towards equity between the genders. On a broader level, a highly skilled society also increases the nation’s global competitiveness, increases taxable income and reduces unemployment that requires Government financial support (Baum et al., 2013; Norton, 2012).

Benefits to higher education

Understanding what influences the successful continuation of non-traditional student groups who are increasingly accessing university is particularly pertinent to the goals of academic institutions today.

The financial benefits associated with the participation rates of these students are of particular importance, with nurse students currently paying \$6349 in tuition fees annually and the Australian Government contributing more than twice this amount (2018 figures) (Australian Government, 2018). High attrition from nursing degrees therefore results in reduced income from students’ contributions and from Government payments per students. A further incentive to invest in student retention is the introduction of higher education performance funding, where Government payments to universities are linked

to student attrition targets and LSES admission targets, among other areas (AIHW, 2014). As mature-age women and nursing students frequently fall into both categories, the findings from the study have the potential to inform initiatives that support retention and equity targets.

Benefits to population health

The impending nursing workforce shortage, discussed in this chapter, has significant implications for population health. A continued supply of registered nurses is also essential to support the increasingly ageing population, through health activities that prevent or delay lifestyle associated conditions. A significant association between nursing ratios and patient health outcomes has been reported in the literature (Cimiotti, Aiken, Sloane, & Wu, 2012; Tubbs-Cooley, Cimiotti, Silber, Sloane, & Aiken, 2013; Twigg, Duffield, Thompson, & Rapley, 2010). In the UK, low nursing staff to patient ratios have been identified as an important contributor to a series of incidences around substandard patient care and health outcomes in an NHS hospital (Francis, 2013). Such evidence strengthens the importance of supporting the supply of graduate nurses into the workforce, so that future health needs can be adequately met.

Research Question

How do women who study a nursing degree whilst in an intimate relationship with a male partner experience university?

The two sub-questions are:

- What are the sociodemographic characteristics of this group of women?
- What do these women perceive to have facilitated and hindered their nursing degree commencement and progression?

Structure of the Thesis

Chapter 1 provides the study's purpose and background. It begins with a discussion of the factors motivating the study, originating from my personal experience as an academic who has worked extensively with mature-age women students and who has encountered the difficulties facing those women

who study whilst in a heterosexual intimate relationship. The reasons behind the choice of nurse student as participants are then outlined. These centre on the high proportion of mature-age women choosing to study nursing, and the pressing need to support the future nursing workforce. The reasons prompting the move of nurse education to the university setting is then outlined. The higher education context is then discussed. The widening participation process is explained, including its influence on the increased representation of mature-age women and other non-traditional university students and its duty to support these often disadvantaged university students.

The public health approach used in this study is introduced. This is followed by an examination of information on the retention and sociodemographic status of mature-age women students at university. This reveals that women who study nursing while in an intimate relationship may be a particularly disadvantaged group at university. A summary of the research problem is offered, followed by the research aim, purpose, and significance and the research question and sub-questions. The chapter concludes with a vignette of each woman's university experience.

Chapter 2 provides a structured integrative review of the literature pertaining to the research question and sub-questions. The chapter outlines the rationale for this choice of review, highlighting its rigorous and inclusive approach. A description of the review structure and a detailed audit trail of the selection process are provided.

The review reveals a scarcity of research into the university experiences of women students who are in an intimate relationship, particularly within the nursing literature. Where available, this tends to focus on the quality and availability of partner support, and problems within the intimate relationship itself. While useful to this study, research that explored the whole student journey and its holistic range of influences, from commencement to graduation, was missing. Information on the sociodemographic status of this student group was not provided. Therefore, the research question and sub-questions could not be confidently answered.

Chapter 3 outlines the major established theory on the university student experience, including commencement and continuation behaviour. It first outlines the way this theory is applied in this study. The chapter then introduces the concept of student capital as a useful way of understanding the whole student from a public health perspective, in which equity of opportunity can be ascertained. Bourdieu's theory on cultural, social and economic capital (1986) is then discussed as a way of understanding the position of disadvantage experienced by non-traditional students, a group with limited reserves of these forms of capital. The chapter then turns to more recent ideas of student capital associated with non-traditional students, primarily those first introduced by Yosso (2005). The potential importance of these different dimensions of student capital is considered.

As this study explores the experiences of women in a heterosexual intimate relationship, theories on gender, and the way gender roles and gender stress may influence the student experience, are discussed. The chapter continues with a critical overview of the work of the leading researcher of student experience, Vincent Tinto. From this, its potential relevance as a way of understanding the experiences of the women in this study is considered.

Chapter 4 and 5 describe the study design and study procedure.

Chapter 4 introduces the study's methodology, its overall design and underpinning rationale. It begins with a discussion of Gadamer's hermeneutic philosophy, its origin, principles and central tenets (Gadamer, 1975; 1989). The way Gadamer's philosophy supports an authentic understanding of human experiences within social science research is discussed. The qualitative approach taken in the study is then described, and an argument made for its appropriateness as a way of understanding experiences from the perspective of those experiencing them. A discussion follows of the application of feminist principles to the data collection process, and their importance in the promotion of women's voices in social science research. The application of Gadamer's central tenets to the research method is then described.

The chapter concludes with an explanation of the approach taken to rigour. The five criteria of Guba and Lincoln's (1989) trustworthiness

framework are outlined, and the way each attends to issues of rigour demonstrated.

Chapter 5 presents the data collection and analysis processes and procedures. The study setting is described and the student demographics within the university are outlined. These reveal a higher than average proportion of non-traditional students. Data for the nursing school reveal an upward trend in mature-age students.

The ethical considerations of the data collection processes are detailed. This includes a strong focus on the strategies used to support full and voluntary sharing of experiences, whilst minimising any potential harm. The recruitment process is outlined and the purposive sample of 29 women students is described. The discussion of the interview processes follows, outlining the two-phase approach that explores the dynamic nature of the student experience from commencement onwards.

The thematic analysis of the interviews is then described. This highlights the reflective approach taken, and the interplay within the hermeneutic circle of the participants' voices, pertinent theory and the researcher's perspective, from which a 'fusion of horizons' was achieved, creating new insights into the university experience of women students. As part of the discussion around trustworthiness, the prejudices I brought to the study are outlined within a researcher lens statement. Excerpts of my reflective diary are provided, which detail my thoughts, understanding and changing perspective throughout the research process. This chapter concludes with a discussion of the limitations of the study.

Chapters 6 to 8 present the main findings of the study. **Chapter 6** provides important information of the students' sociodemographic student status. Details of parents and partners' social, occupational and educational backgrounds are also provided. These findings provide important insight into the lived reality of these women, and their potential vulnerability as university students who belong within a number of non-traditional student groups known to face disadvantage at university.

Chapter 7 presents an understanding of the women's university experience through a holistic framework of student capital. The chapter highlights the multiple dimensions of student capital important to the women's commencement and progression in their nursing degree. Together, these reflect the women's socio-demographic student status, past life experience, social position and relationships with others. This discussion describes the importance of the dimensions of student capital traditionally recognised in the student literature, as well as further dimensions identified in two previous studies with non-traditional students. Significantly, until now, these dimensions have not been considered in the nursing literature.

The learning created through an interpretation of these discussions is then presented as key insights. These demonstrate how, for these non-traditional women students, many dimensions of student capital must be considered as contributing to student success at university. The way these dimensions of capital can compensate for other, less available, dimensions is recognised. The idea of student capital as a fluid and dynamic resource is also demonstrated. The fluctuating sources of these dimensions of capital, and their changing importance to student success is made evident. The influence of the woman's participation in higher education and the shifting dynamics within the intimate relationship on the availability of student capital throughout the degree, is also revealed.

Chapter 8 presents the study findings that specifically relate to the influence of the intimate relationship on the student's university experience, as perceived by the participant. The influence of the intimate relationship on the women's future nursing career plans is also discussed. These findings are organised into themes that offer a temporal view of the relationship between the intimate relationship and the structure and delivery of the nursing degree, and the women's commencement, progression and future nursing career plans.

Important insight is provided into the central influence of gender within the intimate relationship on the women's university experiences. The importance of the interplay between the woman's participation in higher

education, the dynamics of her relationship with her partner, and her degree progression are also demonstrated.

Chapter 9 presents the study conclusions and provides recommendations to nurse education based on this learning. A synthesis of the study's insights, these conclusions demonstrate that the woman's lived reality outside university must be understood if equity of opportunity is to be achieved. Central to this is the influence of gender as a social determinant of opportunity at university. Compounding this is the women's situation of dissonance with the culture and expectations of the university, and, over time, the world view of their partners.

The study also recognised the full potential of the women students, their 'hidden' strengths and qualities, as well as their 'deficits', and argues that this holistic, authentic approach is crucial if women are to be effectively supported at university. The need to recognise the student experience as a dynamic and fluctuating phenomenon is also demonstrated. These conclusions highlight the inequitable situation of these women students in nursing degrees. It proposes that as a consequence, the social justice opportunities offered by higher education may be diminished for these students.

This chapter unpacks the idea that a change in approach to nurse education is needed; one which offers a more equitable experience, underpinned by the public health social justice principles of rights, participation, equity and access. The adoption of a personalised, responsive approach, is described as a way of coordinating this across the students' fluctuating university experience.

The way the learning from this study may be transferred to other academic disciplines is then considered. Further research is recommended to add to the evidence from this study. Studies that evaluate the personalised model outlined in this chapter are recommended, as are studies that consider the effect of being in an intimate relationship on women's nursing careers following graduation. The public health approach is proposed as a way to explore these issues. Gadamerian hermeneutic philosophy is recommended as an ideal methodology guiding the creation of an authentic understanding of

women's university experiences. The chapter ends with a reflective summary of the study.

The University Experience: Vignettes

The chapter concludes with a vignette of each participant's university experience. This offers an easy 'quick' reference guide to the voices and stories of each woman, highlighting the most pertinent influences on their university experience. All names are pseudonyms to protect participants' identities.

Anne began her degree aged 38. She had been interested in nursing from a young age, however, her parents had dissuaded her from studying at university on leaving school, feeling she would not manage academically. Later in life, Anne did go to university, achieving a diploma of nursing and going on to practise as a registered nurse. Anne, her husband and children migrated to Australia from the UK when Anne was in her thirties, where she found her diploma did not qualify her to work as a registered nurse. Unhappy with the level of autonomy offered by the alternative nursing positions available to her, she decided to complete a nursing degree. Her belief that a mother should stay at home with young children, meant she delayed acting on this decision for six years, when all her children had begun full-time school. Anne was a first generation student and began university with limited confidence in her academic ability. In contrast, she felt comfortable and capable in her practical nursing skills, a situation facilitated by her past work as a registered nurse in the UK. Over time, Anne developed a strong desire to learn, and this motivated her to continue in her degree. As she approached graduation, Anne had begun to consider further post graduate study.

Anne and her partner had adopted traditional gender roles within their marriage. She described her husband as a "real man's man" who felt a woman's place was the kitchen. Anne explained that her partner's perspective of male and female roles meant he was unwilling to take on domestic work so that Anne had more time to study. Anne's partner was a past university graduate. Anne described how he was understanding and accepting of the time she took away from the family in her degree studies. Despite this

emotional support, Anne described her husband as reluctant to help at home. The tension this lack of practical help created in their relationship impacted on Anne's ability to fully focus on her university work.

Beverley was 45 years old when she began her degree, and had been married for 10 years. The couple had no children. As a first generation student, and with a partner who also had no experience of higher education, Beverley had no family members who could help her understand the university environment and its academic expectations. Other mature-age women nurse students (classified in this study as aged 20 and over on commencement) were therefore an important source of support. Although Beverley had initially lacked confidence in her academic abilities, her past clinical experience as an enrolled nurse meant she felt both competent and confident in her clinical placements.

Beverley and her husband had previously studied for their enrolled nursing qualifications together. During this period, they had divided their household duties according to the time available to each person. On commencing her degree, the couple arranged to do so again. Because Beverley was a full-time student, and continued to work as an enrolled nurse during the degree, her husband, who worked part-time, often took responsibility for the majority of domestic duties. Beverley found this practical arrangement, and her husband's emotional support had enabled her to continue in her degree.

Brenda began her degree aged 46 at a time when she was married to her second husband and had teenage children. Brenda had no high school qualifications and had gained entry to the degree through her completion of a six month university preparation course. Brenda initially found the university culture unfamiliar and difficult to manage. A first generation student, with a partner who had no university experience, she had no family who could help her interpret the course's academic expectations. The university's extra-curricular support services, and occasional individual help from academic staff were invaluable to her progress. A huge frustration for Brenda was the university's use of computer software and systems in their assessments,

without any accompanying computer literacy support. This meant Brenda spent many hours trying to navigate these systems alone.

Brenda had no prior experience of nursing, and lacked confidence in the early stages of her clinical experience. A succession of supportive qualified staff and a varied practicum allocation helped her develop competence and confidence in her nursing skills. An important motivation helping Brenda continue at university was her emerging identity as a nurse student, which she saw as something for herself, separate to her role as wife and mother.

Brenda and her partner were unusual in that they shared housework duties during the degree, dividing them according to the time available to each of them. The decision to do so came naturally to the couple, as both had past experience of managing the household alone. This arrangement enabled Brenda to allocate sufficient time to her degree throughout her time at university.

Candice began her degree aged 40, she had been married for 14 years and was the mother of three children. Candice saw herself as a nurturing carer, and felt nursing offered a career in which she could express these qualities. Candice had completed an arts degree on leaving school, however, the 20 years that had since elapsed meant she began with little confidence in her student role. As a first generation student, Candice's parents were unable to offer guidance. Her husband also had no university experience. Candice's friendships with other mature-age women in her degree were therefore very important. As students with similar backgrounds and life-experience, these women helped her develop a sense of belonging and supported her acculturation into an unfamiliar environment.

Candice and her partner adopted traditional gender roles in their relationship. Her belief that children needed their mother at home meant she delayed her degree for some years, and then began on a part-time basis. As the main carer for three children, Candice found the lack of timely practicum communication a major challenge to her progression and caused tension within her relationship. She questioned the need for the university to delay supplying details to students, asking "why make it harder?" Candice's partner was not practically or emotionally invested in her degree. His lack of support,

and the university's organisation of the degree had placed a huge strain on their marriage. Towards the end of her degree, Candice had become worried that her graduate programme, which involved at least 30 hours work away from the family each week, would further harm her relationship with her partner.

Chantelle had wanted to be a nurse since high school, where, during her work experience week, she helped in a local hospital. After the birth of her third child, aged 38, she made the decision to begin a nursing degree. Chantelle was a first generation student, and although she completed a university preparation course before beginning her degree, she found academic writing, especially the referencing, very difficult to manage, making the transition into university particularly stressful. Chantelle and her husband assumed traditional gender roles in the family, which she felt was the norm within marriage. On commencing her degree, Chantelle continued in her domestic role, believing her husband was incapable of helping in the home. Chantelle's husband had not been to university and had no insight into the demands of higher education study. He was a fly-in-fly-out (FIFO) worker, which entailed a pattern of working four weeks away at work, followed by two weeks at home. When at home, Chantelle found her partner protested about the time she spent in her university work. Over time, Chantelle became increasingly resentful of the unequal division of work within the relationship. Her husband however, remained unwilling to help more at home. Feeling he had begun to obstruct her study, she ended her marriage. Whilst this enabled her progression, it also presented many new challenges. As a single parent, Chantelle found she was no longer able to financially support herself and her children. Although her parents' offer of a home enabled her to complete her degree, its location meant Chantelle had to travel four hours to practicum placements, often having to sleep overnight on friends' floors during the week. This later stage of the degree therefore presented a particularly stressful time, during which Chantelle had, at times, considered withdrawing from university.

Charlotte had lived with her partner for two years before starting her degree. The couple had no children together, but she cared for his four-year-old son from a previous relationship. Her personal experience of being nursed

as a child had ignited her interest in nursing as a career. She began her degree aged 30, highly motivated, saying that she was willing “to do whatever it takes” to become a nurse.

Although she had recently completed a university preparation course, she found she was not fully prepared for university level study. For Charlotte, the degree “academically blew the prep course out of the water” and she struggled to cope during the early stages of her degree. Charlotte was a hands-on learner, and felt dissatisfied by the amount of time allocated to practical experience. As a result she also found she was less than confident in her developing clinical nursing skills.

Responsibilities within Charlotte’s intimate relationship were divided along gendered lines, an arrangement that continued during the degree. Initially accepting of this, Charlotte became increasingly frustrated by her increased workload. The situation reached a crisis point when her grades began to suffer. Charlotte’s partner had not gone to university. Although she tried to involve her partner in the degree, he remained detached and disinterested, unable to see the long term benefits of her study. The subsequent rising tension in the relationship led to the couple’s separation. The ensuing financial difficulties meant the opportunity to return to her parents’ home had been crucial to Charlotte’s progression.

Ella was the youngest participant in the study, aged 19 at commencement. She was a first generation student and a UK migrant. Ella had been with her partner for one year and the couple had no children. On leaving school, Ella had completed a diploma in health and social care and had gone on to work in an aged care facility. Her desire for a more autonomous and structured career led her decision to study nursing. During her degree, Ella’s encounters with unsupportive qualified nurses during successive practicum placement led her to withdraw from the course in her third semester, however, she reconsidered and continued after a short break from university.

Ella’s partner was a tradesperson with no university experience. Ella found that he lacked understanding of the demands of the degree and continually badgered her to spend more time with him. This situation led her

to end her relationship, and to remain single during the rest of her time at university, choosing instead to focus fully on her degree.

Elise was a migrant from New Zealand. She began her degree aged 34 at a time when she had been married for four years and the couple had two young children. Elise felt she had always compromised in her marriage, her husband's career taking priority while she had worked in a series of casual positions. She had come to a point in life where she no longer wished to compromise her own career ambitions. Elise was not confident in her computer skills and found the university's lack of support hindered her early progress.

Elise's home life was particularly stressful during her degree. The couple's daughter had a chronic health condition. Elise's partner worked in a FIFO job that meant he worked away from the home for weeks at a time. Elise took on the majority of domestic work during the times her husband was away and when he was at home. As a migrant, she had no other family help with domestic work and childcare. The resultant stress led the family to reach a crisis point, where tensions and exhaustion threatened her progression and the intimate relationship itself. The couple found it necessary to employ an au pair so that Elise could share the family's domestic work and continue in her degree.

Frankie started her degree aged 32, and was a mother of three young children. She was a first generation student and began her degree with limited belief in her academic ability. Over time, through the positive reinforcement of good grades in assessed work, however, she increasingly enjoyed her study and her developing student identity. These became important motivators that supported her continuation at university.

Frankie had traditional ideas of gender and began her degree determined that it would not interfere with her ability to continue as "the perfect wife and mother" within the family. As such she continued to take on the majority of domestic work in the home. Frankie's husband had not been to university. Frankie described her husband as becoming increasingly concerned that she would become more educated than him and move in

different social circles. As his resentment grew, the relationship deteriorated and became an additional source of stress to Frankie. Reluctant to sacrifice her nursing degree, Frankie separated from her partner.

As a newly single mother, Frankie found it impossible to access her upcoming practicum placement. On seeking help from the university, however, she experienced inconsistent responses from academic staff. The first staff member she approached refused to support her request to change her practicum placement. Finding another staff member who was willing to do so had been crucial to her ability to continue in her degree.

Georgia was a mother of a pre-school child when she began her degree, aged 23. She was a first generation student and was shocked and overwhelmed by the academic expectations of the university. The university's extracurricular academic skills workshops had been essential to her progression. Georgia's partner worked in a FIFO position and had no university experience. He held traditional ideas of gender, and saw Georgia's role as a 'stay at home mother', and as such, was unhappy about her decision to go to university, seeing it as a "temporary fad or hobby". His ideas of gender also meant he was reluctant to help with housework or childcare. Georgia's partner expected her full attention during his time at home. Georgia felt that her attempts to meet these demands, and the building tension within the relationship had affected her achievement during her degree. These tensions eased towards the end of the degree as Georgia's partner began to see the potential financial benefits of her future career and began to be more emotionally supportive. Georgia's growing realisation that her degree could encourage her children to go to university motivated her to continue during the later stages of her degree.

Jennifer had worked as a carer before going to university, and was motivated by the idea of a career in caring. Jennifer had no formal educational qualifications and took a Special Tertiary Admissions Test (STAT) to secure her place on the degree. She began her nursing degree aged 47, when her three children were young adults. Jennifer was a first generation student, however, her partner of five years had achieved a nursing degree some years earlier. Jennifer found her partner became increasingly hostile towards her as

she invested time in her studies. Jennifer felt this was because he needed to feel superior in his relationships, and her degree threatened this unequal education status. She eventually ended her relationship, feeling it was threatening her degree progression. Following the separation, Jennifer found she had to reduce her pace of study, taking her degree on a more part-time basis, so that she had time to work to support herself financially.

Jilly was a UK migrant, who began her degree aged 45. A mother of two teenage children, she had been married for 18 years. Jilly had worked in clerical roles for many years and felt she had come to a stage where she was stagnating in her working life. She had wanted to be a nurse for many years, but had lacked confidence in her ability to do so as a younger woman. Jilly was a first generation student and applied to university using her portfolio of life experience. She had not expected to be accepted, and struggled with a lack of self-confidence in her student work in the first few semesters. As a student who needed to continue in paid work, Jilly found online study was more accessible than on-campus classes. Unfortunately, she felt she was not able to achieve as well using this mode of study because of her lack of engagement with others, and the lower quality of delivery of online materials.

Jilly felt her life experience meant she was more confident in clinical situations, where she felt able to seek help from qualified staff. For Julie, one factor that caused her real difficulty was the university's expectation that students would study theory units and submit assessed work while on full-time practicum placements. During these periods she felt particularly overwhelmed, and had little time to interact with her family. The hospital's refusal to allow students to park at the university meant she had to rely on public transport, lengthening the time of travel between home and practicum placement, and adding to her exhaustion and the tension within the family home.

Judy began her degree aged 43. A migrant from the UK, she had been married for 15 years, and had two teenage children. Judy was one of only two participants who were not first generation students. Judy's mother was a graduate and Judy herself had begun, but not finished, a degree on leaving school. She had since worked in clerical positions and had come to a point where she wanted to pursue a career. Judy studied her degree on a full-time

basis and also worked around 30 hours a week. Over time, she found she had no time to socialise with friends, and felt her emotional health and her academic achievements suffered as a result.

Judy's husband had no university experience. Judy described her husband as having little respect for her decision to study nursing. He took no interest in her degree, which he treated as separate to their relationship. During her degree, Judy felt her world view shifted. As a result, she no longer felt she had much in common with her partner, and the two became estranged. After separating, Judy struggled to cope financially. With no extended family in Australia, she came close to leaving university, but instead managed to continue by converting to part-time study.

Julie began her degree aged 48, when her children were adults. Julie had begun to consider nursing when her children were older, and she had decided she wanted a career for herself. Initially concerned she was too old to go to university, her attendance with her son at an open day helped her overcome her concern. Early in the degree, her lack of familiarity with university culture sapped her confidence and led her to question her decision to go to university. Her previous life and work experience however, meant she was more confident in her clinical placements, where she was able to seek help when required.

Julie's partner had not been to university and often voiced his resentment of her time taken away from the family to study. Over time, however, he began to appreciate her decision as the tangible benefits of a nursing career became clearer. For Julie, this became "one less battle" to overcome in her final semesters at university.

Keturah was 20 when she started her nursing degree, prompted to do so by her lack of satisfaction in her administration work, and the desire to do something for herself. Keturah was a first generation student. When growing up, her parents had not considered higher education as an option for their children. Keturah began her degree with limited understanding of university and the student role, finding it particularly difficult to prioritise her learning and to manage the university's information technology systems. The guidance

offered by student peers was essential to her progression in the early stages of the degree. Over time, Keturah found she had begun to enjoy the learning process, something she had not experienced at school. This enjoyment was important motivation to her ongoing progression.

Keturah described experiencing personal growth at university, in which her perspectives widened and she increasingly questioned life issues. Her partner of three years was a FIFO worker with no university experience. Keturah had made ongoing efforts to engage her partner in her experiences of university. Although he had been cynical at first, this sharing helped him see the potential of a university education. As a result, he became more supportive of her degree decision, and began to consider university as a personal future option.

Kim began her nursing degree aged 40, when her children were teenagers. Kim was one of just two participants in the study who were not first generation students, her father and brother both studied at degree level before her. Kim had completed a degree on leaving school, however, as this had been a paper-based course, she struggled to engage with the university's use of information technology as a learning and communication platform.

In common with other women whose partners worked in FIFO positions and had not been to university themselves, Kim found her partner was very demanding of her attention when at home and resented the time she devoted to her degree. The tension this created within the relationship left her "working like a madwoman" on her university work when he was away from home. Despite her efforts to compromise, Kim's partner increasingly obstructed her study. As a result she decided to end the relationship and concentrate fully on her nursing degree.

Kylie had been living with her partner for two years when she began her degree, aged 20. Finances were tight for this young couple, and Kylie and her partner worked full-time. As time went on, the lengthening practicum placement severely reduced Kylie's time available to study. This left Kylie exhausted, and with no time to socialise with supportive friends and family. Kylie had no work experience in a professional caring role prior to her degree

and was shocked by her early encounters of patient suffering. These combined factors caused Kylie great emotional distress and led her to consider leaving university. Kylie felt her enduring passion for nursing had sustained her through these difficult periods.

Although continuing to work full-time throughout her degree, Kylie remained responsible for the majority of domestic work at home. Kylie sometimes resented this situation. She also began to feel less close to her partner as her perspectives and world views altered during the degree, explaining that she had become a “completely different person”, while he had remained the same. Although she and her partner stayed together, she felt that, towards the end of the degree the relationship was just surviving.

Lauren had been married for four years when she began her degree, aged 32. A major challenge for Lauren was the university’s integration of computer technology in assessed work, combined with a lack of computer literacy support on offer. As a result, she felt she had wasted many hours unsuccessfully attempting to negotiate the university’s IT systems and virtual learning platforms. Lauren and her husband had two pre-school aged children. Her husband held traditional ideas of gender and saw her as the main carer for their children. As such he was opposed to her decision to go to university and refused to take part in planning alternative childcare with her. He saw her degree as separate to the family, and was not interested in her progress. Lauren found her past experience of juggling her home duties with paid work had been essential to her ability to manage the competing demands of family and university.

Lauren found she experienced significant personal growth in her degree, describing this as a “personal evolution”. Her ideas and beliefs began to diverge from her husband’s. This shift in perspective, and her partner’s reluctance to invest emotionally in her degree, or to support her practically, led to tension and conflict within the relationship. The couple separated, leaving Lauren with sole care of her young children for weeks at a time. Although now better able to focus on her degree, the university’s lack of flexibility around assigned practicum placements meant she had to change to part-time study, eventually completing her degree over 10 semesters.

Leah had completed an aged care certificate on leaving school and went on to begin her nursing degree aged 20. She was a first generation student, however, her partner was a recent university graduate. Leah described how he valued education and had encouraged her to go to university, describing him as the reason she went. Following commencement, Leah's partner was able to guide and support her in her academic work and was invested in her degree journey, offering strong and consistent emotional support throughout.

Leah was only one of two participants for whom nursing had not been a first choice of degree discipline. Although initially struggling with the overwhelming demands of her degree, over time, she developed a passion for nursing and for learning for its own sake. Leah studied and worked full-time and took responsibility for most of the housework. As the time demands of the degree increased, Leah struggled to meet them. As she was unable to reduce her paid work hours for financial reasons, she instead lowered her housework standards, and limited her social life. Despite finding she learned better in on-campus classes, she also took a number of units online. Leah felt that these decisions enabled her to continue in her degree, but also reduced her overall level of achievement.

Maggie had trained as an enrolled nurse some years before going to university. Married, with two teenage children, she was 44 when she began her degree. Maggie was a first generation student and had not aspired to university on leaving school, feeling it was not somewhere she would belong. Maggie's partner however, was a past graduate, and was someone who highly valued higher education. He was emotionally supportive of her decision to go to university and facilitated her to take time away from the family in order to study. Maggie's husband was not however helpful with domestic tasks. In order to manage home and university, Maggie often began study at 4am, before her family woke up. Although she was initially content to continue prioritising her home over her university, Maggie became increasingly exhausted over time, finding the relentless "juggling" of time much harder than she thought it would be. Influenced by her traditional ideas of femininity, and feelings of guilt associated with her decision to go to university, Maggie did not

ask her partner for more help, but instead lowered her expectations of herself both in her housework and her degree achievement. Despite stating that she could have done so much better at university without the competing responsibilities of home, Maggie continued to view her partner as wholly supportive throughout the degree.

Marla had a number of family members who had trained to be nurses under the hospital system, and encouraged her decision to become an enrolled nurse (EN) on leaving school. Marla went on to study for her degree aged 21 when living with her partner of two years. Despite studying full-time and working part-time, she assumed the responsibility for most of the housework during the degree. At times, this caused tension within the relationship. Although Marla's partner had not been to university himself, he was emotionally supportive of her decision to take a degree. An engineering apprentice, he was also career focused and appreciated the long term benefits of her degree. Marla had experienced an unstable childhood, which had affected her higher education and career decisions on leaving school. In contrast, her partner was a consistent source of encouragement, and had been a key influence on her decision to go to university, and her successful degree progression.

Maureen had achieved a Certificate 4 in teaching and had worked for many years as a teaching assistant before going to university. Motivated by a desire for a career that offered greater structure and more opportunity to progress, she began to consider nursing. Her daughter, a recent graduate encouraged her decision to go to university, dispelling her fears that, at aged 48, she was too old. Maureen was a first generation student, however, her partner was educated to master's level. Together, he and their daughter were able to guide her in the first semesters at university. Maureen and her husband had been married for 22 years and had always adopted traditionally gendered roles within their relationship. During her time at university, Maureen's husband continued to avoid domestic work, seeing it as women's work. Over time, Maureen found the stress associated with the demands of her competing responsibilities meant her wellbeing and her grades began to suffer. Maureen described how this led her to question her ongoing

prioritisation of her home duties over her degree, and “stand up” to her husband, and his expectations that she would do so. While Maureen did not begin to ask her husband for more help, her changing expectations of herself had supported her capacity to continue at university.

Michelle had wanted to be a nurse for many years but had not felt confident to apply earlier in life. Once she became a mother, her traditional ideas of gender meant she delayed applying until she was 40, a time when her children were all school-aged. Michelle had not studied since leaving school and used her portfolio of prior experience to secure a place on the nursing degree. Her lack of recent study meant she struggled with the academic expectations of the university. She found science particularly difficult, not appreciating its relevance to nursing.

Michelle’s husband worked as a FIFO worker. He had no past university experience, other mature-age students were therefore a valuable source of support and guidance. The couple’s income meant Michelle was able to choose not to work in paid employment during her degree. An ongoing challenge for Michelle was her husband’s expectation that she would devote her time to him when he was home from his FIFO work. During these periods, she was unable to study as intensively as she would have liked and felt her achievement was hindered by these demands.

Paige had been living with her partner for three years when she began her degree, aged 23. The couple were on a limited financial budget, and both worked full-time. Paige’s lack of academic literacy skills left her struggling in the early stages of the degree. Her full-time work however, left her unable to access extra-curricular academic services. Paige had no prior experience in caring work and had little insight into nursing as a profession on commencement. During the degree, she found the lack of variety of the practicum placements she had been allocated affected her confidence in her nursing skills. An unpleasant experience during an early practicum led her to withdraw, before recommencing the next semester.

Despite working full-time, Paige did not ask her partner for help at home, feeling it had been her choice to study and therefore her responsibility

to cope alone. Describing her partner as “not domesticated”, she also felt his ability to perform domestic tasks was limited. Towards the end of her degree, Paige found the stress of juggling her degree, home and paid work affected her mental health. In order to continue at university, she reduced her paid work hours and lowered her expectations of her achievement in her university work.

Rebecca began her degree as a mother of four young children. Rebecca had wanted to be a nurse for many years but had delayed her degree until she was 43, when all her children were school-aged. Rebecca’s lack of academic literacy and computer skills caused her great difficulty in the first semesters of her degree. Rebecca and her partner were financially secure, however she worked a day a week as a healthcare assistant during her degree because she felt there was insufficient clinical experience offered within the curriculum.

Rebecca’s partner had no experience of university. He refused to take on domestic tasks in the home during her degree, and often became angry and hostile if she asked for help. As a migrant, Rebecca had no other family support. In order to progress, she had to study after she had put the children to bed, often continuing to work into the early hours of the morning. Although she and her husband remained together, Rebecca felt she had drifted away from him towards the end of the degree, her perspective changing but his remaining fixed. In order to keep the peace in the relationship, Rebecca had made plans to work part-time in a hospital situated close to home following graduation, so that she could go back to prioritising the family’s needs.

Ros was a first generation student. When at school, her parents had not encouraged her to go to university, expressing a belief that she would not be capable of completing a degree. Later in life, Ros had questioned this, and her decision to go to university was partly influenced by a desire to prove her parents wrong. Ros delayed commencing her degree until her two children had begun full-time school, unhappy to place them in the care of others. Despite doing so, she experienced feelings of guilt at dividing her time between home and university.

Although she worked part-time during the degree, Ros and her partner continued to divide their family responsibilities along separate gendered lines, rather than the time available to each person. The university's lack of student involvement in planning practicum dates and locations, and the late communication of these details to students caused Rebecca major childcare issues later in the degree.

During the degree, Ros found she had changed her perspective of her partner's supportiveness. Initially accepting of his reluctance to help at home, she later questioned this arrangement. Despite this, Ros compromised her graduate programme ambitions to appease her husband, who did not want her to pursue her interest in a six-month rural placement because it would involve periods of time away from the family home.

Ruth was inspired to pursue a career in nursing by her mother, who had been a hospital trained nurse. Ruth initially trained as an enrolled nurse, and began her degree aged 38, encouraged by her husband, who, as a graduate and PhD student, valued education greatly. The family's financial situation meant Ruth had to continue to work on a full-time basis in her EN job throughout her degree, which she also took full-time.

As a migrant, she had no close family in Australia to help with domestic work. In order to manage, she and her husband divided the housework between them and their teenage daughter, with study prioritised over domestic work. Despite this, Ruth found the limited time she had available to study made it impossible for her to achieve the high grades she had initially strived for. During her degree, Ruth found she became closer to her husband, as her world view increasingly aligned with his. This encouraged her to continue and succeed in her degree.

Sharon began her degree aged 32, at a time when she and her partner had lived together for six years and had three young children. Sharon was attracted to nursing because of its career options and prospects. Although struggling in the early stages of the degree, she found she became increasingly competent and able to navigate the expectations of the student role, explaining that she had "learned to work the system".

Sharon faced a series of personal obstacles during her degree, most influential being the chronic illness affecting her partner and two of her children. Sharon found her goal to become a nurse kept her highly motivated through these challenges. Despite having to take her degree over 12 semesters in order to continue, she progressed successfully towards graduation. Sharon's husband had no past experience of higher education. Towards the end of her degree, Sharon felt her personal perspectives and ambitions had changed, and her relationship had become increasingly strained. She was determined to graduate and explained that, should she have to choose between her partner and her career, her career "would win".

Sherry began her degree aged 47 after beginning to feel unfulfilled in her work as a teaching assistant. Sherry was a first generation student and her husband had no university experience. Their daughter however, was a recent graduate, and was a valuable source of guidance as Sherry transitioned into university.

Sherry's husband supported her decision to go to university, and provided financial help throughout the degree. Sherry was keen not to let her degree interfere with the family's home life and ensured she did not seek her husband's help in domestic work. Her husband was equally unwilling to offer help within the home. Sherry prioritised her domestic duties throughout her degree, completing them before making time for study. Sherry took her degree on a part-time basis and was employed in part-time paid work and found the additional burden of academic study stressful but manageable. As she lived 50km from the university, online study became an important time-management option towards the end of the degree. Overall, Sherry reflected that she could have "done far better" in her degree with fewer competing family commitments.

Chapter Two: Literature Review

This chapter presents an integrative review of the literature pertaining to the research question and sub-questions. An earlier version of this literature review is published in the Nurse Education Today Journal (Andrew, Maslin-Prothero, Costello, Dare, & Robinson, 2015).

The chapter begins with an explanation of the structure of the integrative literature review and the method used to select articles. It continues with a brief description, in table form, of the 17 selected articles. Findings from the review of these articles are divided into general findings and those pertinent to the research questions. The quality of the findings and their ability to answer the research questions are then discussed. The chapter concludes with a summary of what is known, and what knowledge is missing and therefore requires addressing in my study.

Method

The integrative literature review

An integrative literature review approach was chosen because of its ability to provide a reliable means to discover and assess research pertinent to the topic and questions under study, and any gaps in the current literature, thereby exposing the need for further research (Russell, 2005). This integrative literature review was framed by four questions, “What is known? What is the quality of what is known? What should be known? And what is the next step for research or practice?” (Russell, 2005, p. 1). These four questions have been used to structure the written review.

Importantly, this review method enabled the inclusion of studies using qualitative, quantitative and mixed method approaches, increasing the scope of knowledge acquisition. To enhance the rigour of the review, Kable, Pinch and Maslin-Prothero’s (2002) 12-step structured approach to documenting the literature search process was followed, providing a clear audit trail of the selection of the articles for the review.

Literature Search

Databases used

The research topic crossed the disciplines of nursing, psychology, sociology, gender and education. Consequently the following disciplinary databases were chosen: CINAHL Plus with full text, PsychINFO, Web of Science (formerly ISIS Web of Knowledge) and ERIC via EBSCO. Proquest Dissertations and Theses and Google Scholar were also searched. The literature was searched between June 2013 and September 2018. The date limits applied to the search were those articles published between 1990 and 2018. The earlier date ensured the inclusion of studies into the nurse student university experience from the time nurse education had transitioned fully into the higher education sector in Australia in 1994 (Reid, 1994).

Inclusion criteria

Initially, the inclusion criteria were limited to studies on the university experiences of women who study undergraduate nursing while in an intimate relationship. A preliminary search revealed an absence of such studies, therefore, the inclusion criteria were widened to include students in other disciplines who were also in such relationships, in the anticipation that this would offer further useful evidence. Similarly, the lack of studies exploring the experience of degree level nurse students led to a consideration of these students taking diplomas of nursing in the UK, and the associate degree courses in the USA.

As the majority of women who study nursing while in an intimate relationship are unlikely to be school-leavers, studies exploring the experiences of mature-age students were considered. The term 'non-traditional' was also used, to capture studies of mature-age and other groups of students exploring the influence of being in an intimate relationship. In studies where findings pertaining to women students could be distinguished, mixed sex sample studies were also included for consideration.

Exclusion criteria

Studies carried out in countries with markedly dissimilar student nurse cohorts and social norms to Australia were excluded. In recognition of the

additional complexity of issues relating to international students, minority ethnic students and same-sex relationships, studies with a particular focus on these groups were also excluded.

Search Term and Synonyms

The search terms used were: higher education, intimate relationship, commencement, continuation behaviour, nurse student and mature-age. Search terms synonyms used in a range of studies, policy papers and discussion papers across OECD countries were included (see Table 1). Although my study is interested in student progression (successful continuation and student perceptions of personal achievement), the literature includes studies on a range of continuation behaviours including attrition, persistence and retention. A search term was used to capture all of these studies.

In recognition of the variable classifications of partner cohabitation, a range of synonyms were used for the intimate relationship. The interest in student perspectives of their personal achievement during their degree influenced the decision to include the synonyms of academic success and academic achievement.

Table 1. Search terms and synonyms.

Search Term	Synonyms
Commencement	University experience, begin, undertake, choose, enrol, participate, access
Continuation behavior	University experience, academic achievement, attrition, coping, course completion, dropout, persistence, progression, retention, stress, wastage, academic success
Intimate relationship	Spouse, married, husband, wife, de facto, inter-personal relationship, romantic partner, life-partner, significant other
Higher education	Degree, undergraduate, university, tertiary education, pre-registration, college
Nurse student	Student nurse, student, nursing student, pre-registration student
Mature-age	Mature, older, non-school leaver, non-traditional

To enhance rigour, the ‘population, exposure and outcome system’ was used to structure the search process (Khan, 2011), where ‘population’ refers to the participants for whom the evidence is being sought, ‘exposure’ to the experiences or situations to which the populations are subjected, and ‘outcome’ the criteria to be measured or influenced. Five populations were searched across one exposure and two outcomes (see Table 2).

Table 2. Populations, exposures and outcome.

Search	Populations	Exposure	Outcome 1	Outcome 2
1	P1 Student	Higher education	University experience/ Commencement	University experience/ Continuation behaviour
2	P2 Nurse student	As above		As above
3	P3 Student in intimate relationship	As above		As above
4	P4 Nurse student in intimate relationship	As above		As above
5	P5 Mature-age student in intimate relationship	As above		As above

Truncation was used to increase the successful retrieval of relevant articles, for example, the search terms nurs* to include studies about nurses and nursing. The Boolean phrase OR was used to include the range of search term synonyms in searches and was used to combine the populations, exposure and outcome terms.

These five searches (S1 to S5) were undertaken across each of the databases (see Table 2). Search 1 of the broad student population (P1)

resulted in a high number of potential articles across the four databases, reflecting the large amount of work in recent years on student continuation behaviour, and to a lesser extent commencement. Search 2 focused the search population on nurse students (P2) and resulted in a total of 298 articles. Search 3 concentrated on students in intimate relationships (P3), resulting in 199 articles, and Search 4 on nurse students in intimate relationships (P4) resulted in 12 articles. Search 5 looked for studies involving non-traditional students, this yielded 22 articles (P5). All articles from population searches 2 to 5 (a total of 431) were checked against the inclusion and exclusion criteria, reducing possible articles for review to 14. A manual search of the reference list of the 431 articles was also undertaken, and from these a further seven met the inclusion criteria (see Table 3).

Table 3. Search combinations and results.

Search engine	Searches	# Retrieved	# met inclusion criteria	Table 4 Final articles: Identification number
CINAHL Plus with free text	S1	(3158)	0	NA
	S2	89	2	1, 2
	S3	42	0	
	S4	3	0	
	S5	6	3 (1 rejected for poor quality)	3, 4
ISIS Web of knowledge	S1	(13754)		NA
	S2	245	1	5
	S3	74	2 (1 rejected for poor quality)	6
	S4	6	0	
	S5	15	0	
ERIC via EBSCO	S1	(7565)		
	S2	5	0	
	S3	97	1	7
	S4	3	0	
	S5	4	3 (1 rejected for poor quality)	8, 9,
Psych INFO	S1	(1299)		
	S2	24	0	
	S3	2	1	10
	S4	0	0	

Search engine	Searches	# Retrieved	# met inclusion criteria	Table 4 Final articles: Identification number
	S5	0	0	
	Journal			
Manual search of reference lists: journal articles	Kevern and Webb (2004)		3	11, 12,13
	O'Brien, Keogh and Neenan (2009)		1	14
	Pitt, Powis, Levett-Jones and Hunter (2012)		1	15
Manual search of reference lists: Proquest Dissertations and Theses	Olson (2010)		1	16
	Stauning-Santiago (2003)		1	17

Quality appraisal of selected studies

The quality appraisal tool by Reilly, Chengqiu, Jacobs, and Challis (2008) was used to critique all papers meeting the inclusion criteria to ensure a consistent and systematic approach. The tool comprised of seven criteria devised from a hybrid of accepted indicators of quality, in order to be useful irrespective of study design, allowing the inclusion of both qualitative and quantitative studies in the review. The criteria were: 1) Clarity of research question, 2) Appropriateness of design, 3) Appropriateness of sampling strategy, 4) Transparency and detail of data collection process, 5) Transparency and detail of data analysis processes, 6) Audit trail or other detail present to enable independent interpretation of findings, and 7) Justification of conclusions (Reilly et al., 2008).

Marks were given where studies met each criteria. A mark below four out of a possible seven excluded an article from the review, due to uncertainty about the quality of the study and credibility of the findings. As a result of this process, three of the initial 20 papers were excluded. The final 17 papers were recorded in a summary table (see Table 4).

Table 4. Articles meeting inclusion/ exclusion and quality appraisal criteria.

Article ID no	Citation	Study design	Sample/Study site	Comments/ key findings	University Experience/commencement/continuation/stress and coping	Quality appraisal score /7 (Reilly et al., 2008)
4	Howard, D. (2002). Changes in nursing students' out of college relationships arising from the diploma of higher education in nursing. <i>Active Learning in Higher Education</i> , 3(68), 68-87. UK.	A multi-site study. A descriptive, mixed method, two stage approach, using survey and interviews to identify the changes in intimate relationships of diploma of nursing students.	A random sample of 10 nurse students were interviewed in stage one, aged 21 to 47 years. A cluster sample of 135 nurse students, aged 17 to 47, was surveyed in stage two. Five centres of nurse education, England.	Themes: 'time pressures' (women found it difficult to find enough time for study, paid employment and their family), and 'changed outlook on life' (women became more assertive and questioning and began to put their studies first). The survey revealed statistically significant levels of relationship difficulties ($p < 0.01$) (matched to comparative normative population figures) since beginning the course.	Stress and coping.	7
5	Kevern, J., & Webb, C. (2004). Mature women's experiences of pre-registration nurse education. <i>Journal of Advanced Nursing</i> , 45 (3), 297-306. UK.	Single site study. Cross sectional, descriptive study. A qualitative approach using focus groups to explore how the needs of mature-age women nurse students could be better met, and what those needs were.	Purposive sample of 32 mature-age nurse women students across five focus groups. One English university school of nursing.	Themes: 'reality shock' (time and study demands, role change in family) and 'learning the game' (time for academic study, juggling practice placements, shift work and family, managing the effect of course workload on domestic roles, personal growth and changing relationships, relationship conflict, support systems and friendships).	Stress and coping.	5
1	Lauder, W., & Cuthbertson, P. (1998). Course-related family and financial problems of mature nursing students. <i>Nurse Education Today</i> , 18, 419-425. UK.	A single site study. Cross sectional, descriptive study. A quantitative approach to explore the course related problems mature-age student nurses experience.	58 mature-age nurse students (38 married). One Scottish Nursing College.	Main issues affecting study were problems with finances and relationships with partners, issues around childcare, elderly relatives, household duties and hobbies. Results were gendered with a significant difference ($p < 0.05$) noted in problems experienced by women around support with childcare.	Stress and coping.	
2	Lo, R. (2002). A longitudinal study of perceived level of stress, coping and self-esteem of undergraduate nursing students: An Australian case study. <i>Journal of Advanced Nursing</i> , 39(2), 119-126. Australia.	Single site study. Longitudinal, descriptive correlation study. Quantitative approach to investigate stress, coping and self-esteem of undergraduate nursing students.	333 nurse students across the three years of an undergraduate nursing degree. One university, NSW, Australia.	Stressors for these students included finance (61.4%) family (48.5%) marriage (8.9%) and divorce/separation (19.8%) within the top nine stressors experienced. Family (71.3%) spouse or partner (50.5%) and friends (72.3%) were also in the top three main sources of support.	Stress and coping.	6
14	Meachin, K., & Webb, C. (1996). Training to do women's work in a man's world. <i>Nurse Education Today</i> , 16, 180-188. UK.	Two site study. Cross sectional, descriptive design. Qualitative approach using a postal questionnaire to discover problems and barriers mature-age women students who are also parents face within their nurse studies.	A convenience sample of 38 mature-age undergraduate women nurse students. Two colleges of nursing in the UK.	Themes identified as problematic for studying students were childcare access, time to study, family issues (relationship conflict) and inflexible structures in the college. Positive factors helping students were motivation to succeed.	Stress and coping.	5

Article ID no	Citation	Study design	Sample/Study site	Comments/ key findings	University Experience/commencement/continuation/stress and coping	Quality appraisal score /7 (Reilly et al., 2008)
10	Meehan, D. C. M., Negy, C. (2003). Undergraduate students' adaptation to college: Does being married make a difference? <i>Journal of College Student Development</i> , 44(5), 670-690. USA.	Single site study. Correlation study, cross sectional design. Quantitative survey approach to study the impact of being married to student adaptation to college.	Undergraduate university students, 79 married, 192 unmarried. One south-eastern University, USA.	Married students had moderately more difficulties adapting to college life, especially in social adjustment and institutional attachment ($p < 0.05$) than unmarried, also married students reported significant marital stress ($p < 0.05$).	Continuation behaviour.	5
11	Norton, L. S., Thomas, S., Morgan, K., & Dickins, T. E. (1998). Full-time studying and long-term relationships: Make or break for mature students? <i>British Journal of Guidance and Counselling</i> , 21, 75-88. UK.	Single site study. A mixed method, longitudinal design. In-depth interviews followed by two postal surveys to explore student stress and self-esteem and connections with relationships and relationship support.	Convenience samples of mature-age students. Six interview participants. 92 and 62 survey participants. One college of higher education, England.	Statistically significant correlation of partner support with increased student self-esteem and reduced stress ($p < 0.05$). Female students feel less supported by male partners than vice versa, not statistically significant levels, but an evident trend, supported by the open ended text data from the survey. The second study reported male partner support of female students had dropped significantly by year two ($p < 0.05$).	Stress and coping.	6
3	O'Brien, F., Keogh, B., & Neenan, K. (2009). Mature students' experiences of undergraduate nurse education programmes: The Irish experience. <i>Nurse Education Today</i> , 29, 635-640. Ireland.	Single site study. Descriptive, cross sectional design. Qualitative approach using focus groups to explore the experiences of mature-age students in nurse education. Comparison made between males and female students.	Purposive sample of 28 mature-age nurse students. One university, Ireland.	Themes: 'experiences of the educational component' and 'Balancing college and home life'. Partner and family support helped some students succeed whereas for others a lack of support was damaging to success. Difference was noted between levels of support from husbands of women students (lower) than wives of male students.	Stress and coping.	5
9	O'Shea, S. E. (2014). Transitions and turning points: Exploring how first-in-family female students story their transition to university and student identity formation. <i>International Journal of Qualitative Studies in Higher Education</i> , 27(2), 135-158. Australia.	Single site study. Longitudinal study with qualitative approach. Semi-structured interviews. Participants interviewed on four occasions across first year of study.	Purposive sample of 17 first-in-family women. Single subsidiary campus in a larger metropolitan University, New South Wales	Commencement theme: 'It's a life goal I guess for me'. Women came to a turning point in their lives when they needed something for themselves. The majority of students faced resistance to their decision to commence from their partners. Continuation behaviour themes: 'I know that I have accomplished something' (women gained confidence from their success and began to feel they belonged at university). '... I have changed my thoughts, I have changed who I am' (women felt empowered to continue to study and to challenge relationship norms with their partners).	Commencement and continuation.	6

Article ID no	Citation	Study design	Sample/Study site	Comments/ key findings	University Experience/commencement/continuation/stress and coping	Quality appraisal score /7 (Reilly et al., 2008)
8	O'Shea, S. E., & Stone, C. (2011). Transformations and self-discovery: Mature-age women's reflections on returning to university study. <i>Studies in Continuing Education</i> , 33(3), 273-288. Australia.	A single site study. A cross sectional, descriptive study. A qualitative approach using in-depth, interviews to explore challenges women face as mature-age university students.	18 mature-age women students (seven married). One Australian university, NSW.	Commencement themes: women wanted a better future for themselves and their family. This was around personal achievement and an improved income. Continuation behaviour themes: 'changing perspectives', 'growing and changing' and 'motivations for study'. Findings include lack of support and evidence of conflict in relationships between female students and male partners.	Commencement and continuation.	6
16	Olson, J. K. (2010). <i>Self-reported factors that contribute to the success of the non-traditional students in a five semester nursing program</i> (Doctor in Education dissertation). Retrieved from Proquest Dissertations and Theses database (AAT 3403054). USA.	A single site study. A descriptive, cross sectional design. A qualitative (phenomenological) approach using in-depth interviews to explore factors non-traditional nursing students reported as helpful to their success in their nursing programme.	10 undergraduate nurse students, all mature-age, five married, One Midwestern college, USA.	The main support came from friends (29.9%), teachers (26.5), personal motivation (24.1%) and family (16.1%). Family, including spouses, were also seen as major threats to success (19.7%).	Continuation behaviour.	6
15	Rudel, R. J. (2006). Non-traditional nursing students: The social influences on retention. <i>Teaching and Learning in Nursing</i> , 1, 47-54. USA.	Two site study. A longitudinal descriptive design. A qualitative, phenomenological approach. In-depth interviews and student reflective journals used to ask both what affects retention of associate degree nurse students and what supports the success of these students.	12 non-traditional women nurse students. Faculty staff was also included as participants. Two Midwestern USA colleges.	Support from spouse of significant other was the most commonly reported factor influencing successful degree completion. Peer support was second and other social systems (church etc.) were third.	Continuation behaviour.	4
12	Scott, C., Burns, A., & Cooney, G. (1996). Reasons for discontinuing study: The case of mature-age female students with children. <i>Higher Education</i> , 31, 233-253. Australia.	A three site quantitative approach. A cross sectional, descriptive design. A postal survey investigating reasons for attrition of mature-age women with children at university.	118 mature-age women students across who had left (discontinued) study. Three Australian eastern state universities.	The most common reason reported for attrition was family responsibilities (73%) with family hostility or their lack of support (35%) ranked fifth out of twenty one reasons stated. Partners' low level of education was associated with lack of support.	Continuation behaviour.	5
17	Stauning-Santiago, B. A. (2003). <i>Identification of at-risk nursing students using the Myers-Briggs Type indicator and Holland's Vocational Preference Inventory</i> . Doctor of Philosophy dissertation. ProQuest Dissertations and Theses (Order No. 3091497). USA.	A two site study. A cross sectional, correlation design. A quantitative approach to determine if personality typology of beginning student nurses could predict their at – risk status (at risk of non-completion of year one of study).	A convenience sample of 167 nurse students. Two colleges (north-eastern and south-eastern USA).	Marital status was the only variable to predict academic completion of year one. Married students were more likely to complete than unmarried students (p, 0.01). The sample was too small to determine if there was a significant difference between male and female students.	Continuation behaviour.	7

Article ID no	Citation	Study design	Sample/Study site	Comments/ key findings	University Experience/commencement/continuation/stress and coping	Quality appraisal score /7 (Reilly et al., 2008)
7	Vaccaro, A., & Lovell, C. D. (2010). Inspiration from home: Understanding family as key to adult women's self-investment. <i>Adult Education Quarterly</i> , 60(2), 161-176. USA.	A single site study. Cross sectional, descriptive design. A qualitative, grounded theory approach using in depth interviews, asking if and how family affect academic engagement of older women students.	28 mature-age women students from a stratified sample that was representative of students at the college. One western USA college.	Continuation behaviour themes: 'ebb and flow of enrolment'. Women's engagement with study was broken at times due to family responsibilities, reduced units taken or students not feeling mentally engaged at these times. 'There' always something: finding ways to manage stressors". Coping included negotiating space and time with husbands. Motivation often came from students' children and from students wanting to be role models for them. 'Family through a new lens'. Women saw family, especially children as motivators to continue. "Self-investment'. Women were motivated to continue to fulfil personal ambitions around achievement and growth.	Continuation behaviour.	5
6	Wainwright, E., & Marandet, E. (2010). Parents in higher education: Impacts of university learning on the self and the family. <i>Educational Review</i> , 62 (4), 449-465. UK.	A single site study. A cross sectional descriptive design. A mixed methods approach using survey and in-depth interviews to explore the needs of students at university with dependent children and what support is needed to retain them.	71 students with children were surveyed and 18 staff were interviewed. One 'new' London university.	Continuation behaviour themes: 'university learning, transitions and barriers'. Juggling family and childcare with study was a particular barrier. 'Learning and the family'. Family support was a crucial source of support for students to enable continued study. Findings demonstrated male students more easily able to hand over domestic roles than female students.	Continuation behaviour.	5
13	Wilson, F. (1997). The construction of paradox? One case of mature students in higher education. <i>Higher Education Quarterly</i> , 51(4), 347-366. UK.	A single site study. A cross sectional, descriptive study. A mixed methods approach, using survey and interview to investigate academic performances and experiences and of being a mature-age student in higher education.	A convenience sample 10 (interview) and 70 (survey) mature-age students. One 'old' Scottish university.	Continuation behaviour themes: 'age gaps and isolation'. Students experienced feelings of difference and isolation (social and academic) particularly for those with families. 'Strain and support from domestic lives'. Some partners provided much needed stability. Some women reported pressure from home as a main source of stress. Two found their husband felt threatened by their decisions to study and one had significant relationship difficulties as a result, saying her partner could not cope with the changes at home. Some partners were supportive, but this support diminished over time for one student.	Continuation behaviour.	4

Findings (What is Known?)

General findings

This extensive review of the literature revealed a significant dearth of studies dedicated to understanding the university experiences of women students in intimate relationships as a distinct student group, whether in nursing or other academic disciplines. This meant research into this phenomenon with other student group categories, including mature-age women, were included in the review. In an attempt to ensure the evidence from this review was an authentic reflection of the social reality and university experiences of women in intimate relationships, only findings that were clearly assigned to women who were in such a relationship were included. The same approach was extended to the findings from studies on student stress and coping. The evidence from these studies was generally limited to the intimate relationship itself and problems between the woman and her male partner, rather than the students' wider university experiences, and how this influenced student commencement and continuation behaviour.

In total, 17 articles were selected. These were either primary research published in peer reviewed journals (15) or published PhD theses (two). The dates of publication ranged from 1994 to 2014. The majority of studies were undertaken in the UK (eight), followed by Australia (four), the USA (four) and Ireland (one). Fifteen studies considered continuation behaviour or stress and coping experiences following commencement at university. Two studies also investigated influences on commencement. None looked exclusively at commencement. Eight studies used qualitative approaches, five were quantitative studies and four used a mixed-method approach.

Nine studies sampled nurse students exclusively. Eight included students from a range of disciplines. Of the nurse student studies, seven researched registered nurse students taking associate degree (USA) or diplomas (UK), and two (from Australia and Ireland) studied bachelor degree nurse students. The majority of studies (12) relied on single sites for data collection, in all cases these were higher, or tertiary education establishments.

Seven studies looked at women only, while the rest also included men in their sample or participant group. Of the 17 studies, 12 limited their samples to mature-age students, however, definitions of the term 'mature-age' varied between studies and between, and sometimes within, countries. Rationales for choices made also varied and were sometimes omitted. For example, an Australian study chose a sample of students who were at least 25 years old at the date of their degree course enrolment (Scott, Burns, & Cooney, 1996), stating this to be a commonly used age by higher education institutions. A second Australian study used the criterion of age 21 or over at the time of entry, based on the rationale that this was the most commonly used definition in Australian universities (O'Shea & Stone, 2011).

Commencement

Of the 17 selected studies, four included findings on both commencement and continuation behaviour. Only two of these four included information specific to students in intimate relationships; the findings relating to commencement in the other two articles were therefore excluded. Both of the selected articles also considered student continuation behaviour. These findings are discussed separately in this review. The two selected studies looked at women students only, and both used qualitative approaches (O'Shea, 2014; O'Shea & Stone, 2011). O'Shea and Stone's study of 18 mature-age women students and their experiences of transformation and self-discovery at university, included seven who were in intimate relationships. Only one of these however, was a nurse student (O'Shea & Stone, 2011).

The majority of findings around commencement in this study were not differentiated between single and partnered students, and as such these particular findings were not considered. An important finding in this study was that one woman student who was in an intimate relationship was initially motivated to study nursing because of the financial benefits of a nursing career. When re-interviewed at a later date, her motivations had altered, with her desire for personal achievement becoming particularly important.

Other findings revealed women in intimate relationships had delayed acting on a long term interest in nursing until their social obligations around family had been fulfilled. Spouses and partners were not referred to directly in

this discussion of family. O'Shea's findings from her 2014 study of 17 first-in-family women included nine of whom lived with partners and, although just one student was studying nursing, this provided more information relevant to the research questions. These women found they had come to a point where they needed some personal fulfilment in life that was not being met by family responsibilities. Women again described delaying acting on their personal goals when their children were young. Only two of these nine students found their partners to be enthusiastic about their decisions to apply to study at university. Most instead experienced some resistance. For some this was described as passive negativity, for others it was more overt, although details of how this manifested were not provided.

Continuation behaviour

Only eight of the 17 studies directly researched the university experience in terms of continuation behaviour such as persistence, retention and attrition, with just three of these eight researching nurse students. The other nine looked more indirectly at students' university experiences, through the parameters of coping and stress. These findings are discussed separately in this review. There was variation in the way continuation behaviour was measured and investigated, including retention (Rudel, 2006), successful completion or passing of a period of study (Olson, 2010; Stauning-Santiago, 2003), attrition (Scott et al., 1996), personal growth, achievement and success (O'Shea & Stone, 2011), successful transitioning and persisting in the university environment (O'Shea, 2014), successful adaptation to college (Meehan & Negy, 2003), and successful engagement in academic courses (Vaccaro & Lovell, 2010).

The relative lack of published findings on the influences on the university experiences of students in intimate relationships was evident. Notably, just one of the eight, a non-nursing study, exclusively sampled students in intimate relationships (Meehan & Negy, 2003). The other seven studies included some findings around students in intimate relationships, but their main focus was on mature-age or first-in-family women students.

Despite this, all eight studies included findings that revealed associations between being in an intimate relationship and continuation behaviour; the nature and direction of this association varied.

Three of the studies limited their definition of intimate relationships to marriage, and all three reported an association between marriage and continuation behaviour. The first, a large mixed sex study of American nurse students, treated marriage as a variable to test against student continuation behaviour. The study revealed a positive correlation between being married and the successful completion of the first year of study (Stauning-Santiago, 2003). The second American mixed sex study, included students across a range of academic disciplines. This study found married students (in particular women), had significantly greater difficulties in adapting to university expectations than their unmarried peers (Meehan & Negy, 2003). Neither study proposed a rationale for their findings. In the third study, married women students reported that their family could act as a source of motivation or disruption to their continuation, the latter leading to an instance where one student discussed having to renegotiate her husband's "marital expectations" of her role as his wife to one that enabled her to continue at university (Vaccaro & Lovell, 2010, p. 167).

The remaining five of the eight studies that included findings on student continuation behaviour did not restrict their participants to those who were married, but included couples who lived together. All these studies identified partner support as strongly influential on students' ability to continue. Partner support was acknowledged as the most important influence in the retention of 12 American female non-traditional nursing students, above peer support and religion (Rudel, 2006). Olson's study revealed that support from family, which included but was not restricted to partners, was the third most important influence on the successful continuation of 10 American mature-age nurse students (2010). These women viewed a lack of family support as a major barrier to their continuation (Olson, 2010). O'Shea and Stone (2011) found that a lack of partner support caused some mature-age women students to consider a choice between the continuation of their university study or their personal relationships, while Scott et al. (1996) reported that a lack of partner

and family support were the main reasons behind 35% of mature-age women students attrition across three Australian universities. O'Shea's study of first-in-family women provided a more detailed picture. While reports of partner support were mixed, the women often described partners as unwilling to increase their childcare duties or to accept the time demands of university study when it detracted from the women's time with family (O'Shea, 2014).

Student stress and coping

In an effort to understand the student experience more broadly, studies on student stress and coping were included. Findings that related specifically to students in intimate relationships, or the direct influence of partners were included.

Eight of these nine studies restricted their participants or sample groups to mature-age students (Howard, 2002; Kevern & Webb, 2004; Lauder & Cuthbertson, 1998; Meachin & Webb, 1996; Norton, Thomas, Morgan, & Dickins, 1998; O'Brien Keogh, & Neenan, 2009; Wainwright & Marandet, 2010; Wilson, 1997). The ninth (Lo, 2002), described 40% of their sample as mature-age. The most common causes of stress for these students were external to the university, with time demands of family and household responsibilities important to all, and financial stresses reported in the majority. The importance of student and faculty-centred issues including student ability, academic content overload, and faculty support were reported less frequently; when they were, they were often discussed in terms of how external issues influenced them. For example, Kevern and Webb (2004) found the women in their study discussed the demands of academic study and practice placements within the context of fitting them in around family, rather than the academic or skill difficulty. Meachin and Webb (1996) described the study problems their participants faced as primarily related to childcare, time available to study and stress affecting relationships rather than to their personal academic ability.

Lo (2002), included more school-leavers than mature-age students in her study. Despite this, important findings around the influence of the intimate relationship were included, with the second most reported source of support that helped students cope being the 'spouse/partner' (50.5% of students) after the 'family' (71.3%). In common with the previously discussed eight studies

that looked at student continuation behaviour, partner support was also important to student coping ability. Five of these nine studies demonstrated that strong partner support considerably reduced the impact and severity of university study pressures (Lo, 2002; Norton et al., 1998; O'Brien et al., 2009; Wainwright & Marandet, 2010; Wilson, 1997).

The gendered nature of partner support

While partner support was identified as a central tenet enhancing university experiences and facilitating continuation behaviour and coping, it is important to note the gendered nature of this support identified in this review. Of the six studies that limited their samples to women students, five reported inadequate levels of support from male partners (Kevern & Webb, 2004; O'Shea, 2014; O'Shea & Stone, 2011; Scott et al., 1996; Vaccero & Lovell, 2010).

Studies that sampled both sexes revealed women students received less support from male partners than vice versa (Norton et al., 1998; O'Brien et al., 2009), with the study by Norton et al. (1988) finding this difference to be statistically significant ($p < 0.05$). Male support of female students was also reported to reduce over the first years of student study (Norton et al., 1998; Wainwright & Marandet, 2010). Importantly, none of the mixed sex studies described a lower level of support from the female partners of male students, however four of these mixed sex studies did not consider the variable of the student's sex in their analyses (Wilson, 1997; Lo, 2002; Olson, 2010; Rudel, 2006). This review also found male partner support of women students' commencement was also to be limited (O'Shea, 2014), with the majority of these men resistant to their partners' decision to study.

Relationship challenges

A deeper analysis of this lack of support from male partners to women students frequently centred on practical issues, with an imbalance in the division of household labour and family care. A "strong gender dimension" was identified by Wainwright and Marandet (2010, p. 460) in the expectations of women students to continue a traditional role of home maker and, if a parent, the main child-carer while undertaking university study. Conversely, male students found negotiation of the redistribution of such duties with their female

partners less difficult (Kevern & Webb, 2004; Lauder & Cuthbertson, 1998; Norton et al., 1998). For women students, the resultant juggling of family and household responsibilities and the competing requirements of study induced stress, anxiety and exacerbated academic challenges (Kevern & Webb, 2004; O'Brien et al., 2009). This was a significant contributor to the women's attrition (Scott et al., 1996). The same dynamics applied to commencement behaviours, with women reporting they had ensured their family obligations had been fulfilled before they applied to university (O'Shea & Stone, 2011).

Women students frequently reported personal growth during their degree studies, which manifested as increased self-confidence, widening perspectives and changing priorities. O'Shea and Stone (2011) and O'Shea (2014) found this was an important factor supporting married women's continuation at university. These changes were, however, seen as threatening to some male partners, leading to feelings of insecurity and uncertainty within relationships (Meachin & Webb, 1996; O'Shea, 2014; Wainwright & Marandet, 2010; Wilson, 1997). The challenging of traditional male-female roles by women involved in these studies sometimes led to relationship stress and conflict (Howard, 2002; Kevern & Webb, 2004; O'Shea, 2014; O'Shea & Stone, 2011; Vaccaro & Lovell, 2010). One study reported married students across a range of undergraduate courses experienced significantly more conflict and relationship distress ($p = 0.05$) than the similarly matched non-student general population (Meehan & Negy, 2003).

A study of nurse students revealed all ten participants in intimate relationships had experienced relationship conflict since starting their course, with six separating or divorcing (Howard, 2002). An expansion of Howard's study across five nursing centres reinforced these findings, with a statistically significant increase in relationship problems and separation rates by the end of the first year of the course ($p < 0.01$) when compared to the UK national data of the general population. While exact number of male and female students who participated in the interviews and the survey was not indicated in the study, the sample was reported to be typical of nurse student gender ratios. Importantly, no details were given of reasons behind these relationship difficulties.

The socio-demographic student status of women who study nursing while in an intimate relationship

Evidence that was able to offer insight into the second sub-question was even more difficult to find. Of the nine studies that investigated nurse student experiences, just one (Howard, 2002) looked exclusively at those who were in an intimate relationship. This study, which explored the changing nature of this relationship over time, did not describe participant characteristics other than their age and chosen nursing specialty. The other eight also limited their participant demographic discussions, limiting them to factors of age, gender, marital status, whether they were parents or not, and their chosen nursing specialty. None organised these characteristics according to student's intimate relationship status. Although Stauning-Santiago (2003) described the ethnicity of her American nursing students, she did not discuss the equity issues such students face in higher education. None of the studies mentioned students' first generation status or socioeconomic statuses.

The lack of consideration of these student characteristics in the selected nursing studies leaves the second sub-question of this study unanswered.

Discussion of findings

The inclusion of studies across a range of research methodologies and designs strengthened the literature review, enabling the inclusion of findings from studies that explored individual student experiences and perceptions of university, to large scale surveys that tested predetermined variables. The widening of the search to studies on stress and coping experiences revealed students perceived their greatest sources of stress to be external to their own academic capabilities, or faculty systems, identifying in particular the demands of home, family and finances. This reflected findings from studies on non-traditional student experiences in general across a range of academic disciplines (Cuthbertson, Lauder, Steele, Cleary, & Bradshaw, 2004; James, Baldwin, Coates, Krause, & McInnis, 2004; James et al., 2010). Not surprisingly then, the only study in the review that reported the individual student issue of academic ability as the most commonly reported factor causing stress had a high sample population of school-leavers (Lo, 2002).

The lack of published research that considers the experiences of students in intimate relationships was reflected in this review, with only eight studies doing so, and with just three of these eight involving nurse student participants. This demonstrates the limited interest taken in these students as a distinct group, despite the continued increase in the number of older women taking nursing degrees.

The eight studies in this review that did investigate the experiences of students in intimate relationships found partner support to be both a strong predictor of, and influence on, the students' ability to progress and cope with study expectations and the overall stress encountered at university. Furthermore, this support was less forthcoming for women students, both in terms of their commencement decisions and their continuation behaviour. These findings strongly indicate that the omission of the dimension of the intimate relationship across much of the literature is a significant oversight.

The review reveals an additional area of concern for women nurse students who are part of an intimate relationship is their vulnerability to relationship instability and breakdown. While the potential impact of this outcome on the student's ability to continue at university is obvious, the wider and longer term financial, emotional and social disruption for all family members also requires consideration (Amato & Cheadle, 2005; Coleman & Glenn, 2010).

A further important omission in the literature is a discussion of the socio-demographic status of women who study nursing while in an intimate relationship. This demonstrates a gap in understanding who these students are, and the equity issues they may face at university as a consequence of belonging to certain sociodemographic groups known to face disadvantage. By overlooking characteristics such as a student's first generation status, it is difficult to develop a holistic and comprehensive understanding of these students' experiences and the challenges they face.

While women in intimate relationships were included as participants in many studies, particularly those exploring mature-age or first-in-family student experiences, the findings specifically pertaining to these women were often

impossible to determine. For example, findings often included responses from women and men, or if focusing on women only, included participants across a range of relationship statuses, including those who were married, single, widowed, and separated. The findings from these studies could not, therefore, be confidently regarded as a reflection of the lived reality of women who study while in intimate relationships.

Evaluation of Findings (What is the Quality of What is Known?)

All the studies included in the literature review were examined using criteria from Reilly et al. (2008), and were found to demonstrate an acceptable level of quality with regards to the research process and methods they employed. Previous criticisms of nursing research in this area as sometimes being atheoretical (Cameron Roxburgh, Taylor, & Lauder, 2011) were not supported in this review. The three student continuation behaviour nursing studies included strong discussions of theory, with Olson (2010) and Stauning-Santiago (2003) including detailed discussions of the theoretical frameworks that guided their studies and the interpretation of findings. Similarly, Rudel (2006) considered her findings against commonly accepted theory on student continuation behaviour. Tinto's theory of student integration was cited in all three studies on nurse student continuation behaviour. The five studies on nurse student stress and coping also incorporated relevant theory within their research designs and their interpretation of findings. Examples include the concept of self-esteem (Lo, 2002) and psychosocial development (Howard, 2002). Theory around gender roles and gender role stress and conflict were common in studies of women students' experiences, and those that compared their experiences with male students (Howard, 2002; Kevern & Webb, 2004; Meehan & Negy, 2003; O'Shea, 2014; O'Shea & Stone, 2011; Vaccaro & Lovell, 2010).

The importance of the student's socio-demographic characteristics, such as first generation status and LSES background on their participation and success at university, is well known (Bourdieu, 1986; Thomas & Quinn, 2007). The nursing studies in this review did not consider these factors, taking a more limited approach that focused on the student's interactions within the

university. This is an important omission that limits the studies' usefulness in describing, predicting and interpreting real world student experiences in nurse education. It also demonstrates the uniqueness of my study's application of a public health perspective in the creation of an understanding of this student experience.

This omission was also evident in the non-nursing studies selected in the integrative review. Just one (O'Shea, 2014) considered the student experience from the perspective of their first-in-family status and the disadvantages associated with this. Student cultural capital, a concept strongly aligned with the idea of student equity and social justice (Bourdieu, 1986) was also discussed, but was missing from the other 16 studies selected in this literature review.

A tendency to omit a comprehensive description of the research design, and to explain how factors and variables of interest were defined and measured, made it difficult to synthesising findings into new understanding. Cameron et al. (2011) found this was a common issue in nursing student retention studies, and often reduced the accuracy and transferability of their findings. This lack of consistency was also apparent amongst the non-nursing studies selected in the literature review. Scott et al. (1996), for example, who researched the experiences of mature-age women in general, did not distinguish between voluntary and enforced leaving, and the attrition numbers presented included leavers and students who had transferred out to another university, limiting the transferability of these findings to other student contexts.

An inconsistency in the definition of the mature-age student was identified in the review. Although this reduces transferability of findings between studies specifically exploring student age against university experience, it may be less relevant to my study, which is primarily interested in a more holistic understanding of the women's lived reality and their intimate relationships. One inconsistency that is particularly relevant to this study was the use of terms to describe the intimate relationship, such as 'married', 'single', 'divorced', 'separated' and 'widowed'. The assumption that marriage is the only state where intimate relationships exist does not reflect social reality, with marriage rates experiencing an overall downward trend and

cohabitation increasing in popularity (ABS, 2011; 2015; Centers for Disease Control and Prevention (CDC), 2015; Office for National Statistics (ONS), 2016). This makes the findings of studies that use married/not married categories such as Meehan and Negy (2003), O'Shea and Stone (2011), Stauning-Santiago (2003) and Vaccaro and Lovell (2010), subject to misinterpretation. It also means that the experiences of women in intimate relationships remain unheard in the literature unless they are married. The inclusion of other terms such as 'partner' or 'significant other' allows for a broader inclusion of data and application of findings in the studies that apply them (Norton et al., 1998; Rudel, 2006; Scott et al., 1996), and a more accurate representation of social reality.

A further important factor was the lack of a clear explanation of terms used to describe the family, and how the family influenced the university experience. Studies did not always differentiate between sources of family support. For example, Scott et al. (1996) and Olson (2010) included the influence of spouse, children and parents within the category of 'family support', with no distinction between the mechanisms of this support or the relative influences of these different family members.

The applicability of these findings to the undergraduate degree level education of registered nurses is also limited because of the heterogeneity of samples in terms of nursing and non-nursing, and the high inclusion of studies into nursing diploma rather than nursing degree courses. The variation of study publication dates, and the research of nurse students across different nations' academic systems limits the applicability of findings to the current Australian context. While the lack of male students in studies using mixed sex samples (O'Brien et al., 2009; Stauning-Santiago, 2003; Wainwright & Marandet, 2010) mirrors the low representation of males in nursing higher education, it also means that reported gender differences around partner support requires a level of caution.

Arguably the most significant limitation is the inability of this literature review to provide satisfactory answers to the research questions because of the lack of studies that have investigated the experiences of women who studied at university while in an intimate relationship, in nursing or other

academic disciplines. The one study (Meehan & Negy, 2003) that directly investigated married student continuation behaviour was restricted to the impact of marriage on continuation, rather than asking the more holistic question of the overall influences of being in such a relationship on their overall university experiences and their ability to commence and continue in higher education. The review demonstrated that a strong interest in mature-age student experience exists in the research community. While it is reasonable to expect these students are more likely to be in intimate relationships, this cannot be assumed. Findings from these studies are therefore not reliable substitutes to those that directly consider women students who are in intimate relationships, and therefore cannot provide an understanding of their own social reality or their experiences at university.

Conclusions (What Should be Known and What is the Next Step for Research? - Summary and Rationale for the Project)

The literature selected in this review was not able to provide an authentic understanding of the university experiences of women nurse students in intimate relationships. None considered the experiences of women nurse students from a public health approach that takes into account the influence of social status, privilege and opportunity.

Despite this, by expanding the literature search to non-nursing student groups who study while in an intimate relationship, a number of key findings have emerged that have provided some insight. Although findings on student commencement were particularly scarce, two studies revealed how women's decisions to go to university were delayed by family commitments, and that male partners were often unsupportive of their decisions to go to university. A further finding was that one woman was initially motivated to study nursing for financial reasons. Later in the degree, her enjoyment of learning supported her continuation.

Factors external to the university had the most significant influence on these women's continuation behaviour and experiences of stress and coping at university. Amongst these external factors, partner support, when offered, was a crucial enabler. However, evidence from nursing and other disciplines

reported male partner support of mature-age women students was sometimes unforthcoming, with some partners described as behaving in a way that disrupted women's progress. Male partner expectations that women should continue in their traditional domestic roles while undertaking their study was also reported. This expectation led to relationship stress, and in some cases separation. While research in this area is limited, this finding is particularly worrying, considering the increasing proportion of mature-age women who choose to study nursing at university.

The dearth of relevant nurse studies and the heterogeneity of measurements and definitions across the available literature mean, however, that while strong themes have been identified, a comprehensive conclusion cannot be drawn with an acceptable level of confidence. A reliance on student commencement and continuation behaviour theories and models that have not been informed by the perspectives of these nurse students, nor grounded in an understanding of their social reality is an increasing inadequate and inappropriate approach.

In lieu of existing relevant and useful evidence, further research is required to advise and guide strategies and initiatives that can support the university experiences, in particular, the commencement and continuation behaviour of women who study a nursing degrees while in an intimate relationship. This requires an exploration and understanding of the women's social reality, and their personal perspectives of their university experiences.

Chapter Three: Theoretical Perspectives on the Student University Experience

Introduction

This chapter outlines the main theories, models and concepts that can be applied to support a deeper and more meaningful understanding of the study's findings. The intense interest in the university experience, and the factors influencing student commencement and continuation behaviour at university, have resulted in a plethora of theories that explain, predict and influence these phenomena (Seidman, 2012). With the rise in non-traditional students at university, interest in this group has grown. For example, Bourdieu's theory of cultural capital (1986) is often used to frame and interpret the experiences of first generation students. The lack of previous interest from higher education in students who are in intimate relationships, however, means no comparable theoretical understanding has been developed that interprets the experiences of this group. The discussion of theoretical perspectives therefore turns to a range of theoretical and conceptual models and ideas that dominate the scholarly conversation on the university student experience, including the non-traditional student experience.

The discussion begins with the concept of student capital. Bourdieu's theory (1986) is described, as is Yosso's model of Community Cultural Wealth (2005). As this study explores the experiences of women who are in an intimate relationship with a male partner, a detailed discussion of the social construct of gender, gender norms and associated roles and behaviours is also included. Tinto's body of work, regarded by many as the foundation of understanding of student continuation behaviour, is then discussed. Each perspective is critiqued for its potential usefulness in interpreting the experiences of the women in my study.

Preceding this discussion, the place of theory within qualitative research is considered, and the way this theory will be applied in this study is outlined.

The Use of Prior Theory in Qualitative Studies

Debate exists around the use of theoretical or conceptual frameworks in qualitative studies (Green, 2014). Van Manen (1990) cautioned against the practice, stating theory in the human sciences comes after reflection on practice rather than preceding and directing it (1990). Denzin and Lincoln (2002) disagreed, stating all research must be informed by some type of theoretical influence. As qualitative studies span a range of methodologies it may be argued the requirement and application of prior theory is dependent on the philosophy underpinning the methodology used in a study.

Gadamerian hermeneutic philosophy, which underpins the study methodology, holds that the path to 'truth' in the social sciences occurs through an open, non-rigid and reflexive relationship between experience, conversation and authority, rather than the testing of prior accumulated knowledge (Chapter 4). Here, 'authority' refers to an earned position through education, experience and knowledge, such as that of respected teachers who facilitate learning in others (Lawn, 2006). The authority I bring to my study is grounded in my experience as a lecturer of women students, and also as a researcher cognisant of current theory and scholarly conversation on the student experience, including their commencement and continuation behaviour. This authority cannot be ignored or divorced from the study as it informs my prejudices and influences the research design. Grounding the study within prior theory also facilitates the accessibility and meaningfulness of its findings within the scholarly conversation. It is important, however, that this does not lead or bias the study process and outcomes. One way of preventing bias is to avoid the use of theory as a rigid guide that structures the study design and process, or 'tests' its findings. Instead, this thesis draws on a framework of theories and concepts, and discusses the potential applicability of each as a way of interpreting the experiences of the women in this study.

The Concept of Student Capital

The concept of student capital was discussed in just one of the 17 articles reviewed in Chapter 2 (O'Shea, 2014). Nevertheless, it is included within this study's discussion of theoretical perspectives, as it offers a way of

understanding the relationship between a student's lived reality and the equity of their educational experience.

Bourdieu's Theory of Student Capital

Human capital has become an important concept guiding educational policy in recent decades, with education regarded as a means of increasing an individual's human capital. Educational policy has, however, received criticism for its narrow view of human capital as an individual's economic resources and their potential to benefit the nation's economic growth (Gillies, 2017). Cognisant of this criticism, the OECD has offered a broader understanding of the relationship between education and human capital. The OECD instead define human capital as "the knowledge, skills, competencies and attributes embodied in individuals that facilitate the creation of personal, social and economic well-being" (OECD, 2001, p. 17). This resource is developed in individuals within the home, school workplace and other social situations. Although it considers the importance of an individual's attributes, such as self-efficacy and personal drive, the concept of human capital extends its view of the individual's relationship with higher education, to one which recognises the importance of social structures, culture and social status (OECD, 2017).

Bourdieu and colleagues have argued that access to education, and the opportunities it brings to enhance human capital, is not equal within societies. In their essay 'Reproduction in Education, Society and Culture', French sociologists Pierre Bourdieu and Jean-Claude Passeron (1977) instead described education as a system that reproduces social inequality and with it inequality in human capital. In this work, they introduced the concept of cultural capital, which they described as an individual's cultural knowledge, attitude and behaviour that promote their social mobility within society. Bourdieu and Passeron theorised that school students who possess this capital have greater power and opportunity than those without, and therefore perform and achieve at a higher level. In his 1986 essay 'The Forms of Capital', Bourdieu expanded on this idea of cultural capital, describing its existence in three states: 'the embodied state', which referred to personal disposition, 'the objectified state', which referred to material goods such as educational and

theoretical texts; and the 'institutionalised state', which referred to academic qualifications (Bourdieu, 1986).

Bourdieu recognised the domestic sphere as the primary environment through which the embodied state of cultural capital is acquired. Parents without university experience are unable to support the development of embodied cultural capital within their children. These students find themselves in a situation where their cultural capital is insufficient or different to the dominant cultural capital existing within academia (Bourdieu, 1986; Bourdieu & Passeron, 1977; Devlin, 2013). This contributes to lower levels of academic commencement and engagement, and higher rates of attrition (Thomas & Quinn, 2007; Ward et al., 2012).

Bourdieu also described how two further forms of capital, 'economic' and 'social', influence the student experience and therefore, their overall reserves of human capital. Bourdieu defined economic capital as a resource that could be "immediately and directly converted into money" (1986, p. 47) and 'social capital' as "the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition" (1986, pp. 248-249).

The financial, academic and social difficulties that face first generation and LSES students at university, discussed in Chapter 3, are often interpreted through the concepts of cultural, social and economic capital (Devlin, 2012; Thomas & Quinn, 2007). Given that mature-age women and nurse students in general are often first generation students, and from a LSES background, an interpretation of their university experience through the lens of cultural, social and economic capital is justified.

Yosso's Model of Community Cultural Wealth

While Bourdieu's work continues to influence today's scholarly discussion on the student experience, it has received criticism from Yosso (2005) who challenged the idea that the cultural capital held by the white middle class male student is the ideal to which all students must aspire. Intent on improving social justice within higher education for non-traditional students, and informed by her work with students of colour in the US, Yosso developed

her Community Cultural Wealth Model (2005). The model takes a strengths-based approach to understanding the student experience. This acknowledges the value of previously overlooked aspects of the non-traditional student, their family and community relationships outside the university. Yosso's ideas may therefore be a useful way of interpreting the university experiences of the women in my study.

In her Community Cultural Wealth Model, Yosso introduced new dimensions of student capital which she termed: 'aspirational', 'navigational', 'familial', 'resistant' and 'linguistic'. Yosso defined aspirational capital as the "ability to maintain hopes and dreams for the future, even in the face of real and perceived barriers" (2005, p. 77). Yosso proposed that the possession of aspirational capital engenders a "culture of possibility" (p.78), where individuals from underprivileged backgrounds can strive to achieve a higher educational qualification, and in doing so, break the cycle of educational and occupational disadvantage within their families. For first generation students, going to university offers an opportunity to break the family cycle of non-participation in tertiary education.

Navigational capital is described as the skills to progress and succeed within social institutions not originally established to include certain students. For Yosso this referred to students of colour, who must navigate educational institutions originally devised for white students. As higher education institutions were also devised for young male students, and the nursing profession for young single women, navigational capital may be particularly important to the progression of the mature-age women in my study.

Familial capital is regarded as the support offered by family, including the extended family. These kinship networks help the student to cope in times of difficulty and ensure they do not feel alone in managing such situations. In my study, the immediate family is the student's partner and children, and the familial capital they provide may be particularly important. However, the family of origin (parents and siblings) may also prove to be an important source of this dimension of capital.

Yosso described resistant capital as the knowledge and skills that enable an individual to overcome situations of inequality in order to achieve their goals. Resistant capital may also be an important form of student capital for the women in my study. Should their experiences reflect those of the women students in the integrative literature review (Chapter 2), resistant capital may be an essential resource helping them manage any opposition to their study from their partners.

Yosso also included linguistic capital in her model. She described this as the communication and social skills developed through interaction with family and the wider community in more than one language. These multilingual skills she argued, support student communication, which in turn enhance their student experience. While linguistic capital was important to the students of colour in Yosso's study, it may be less relevant to the women in my study who, as domestic students, may not have experienced such multilingual interactions.

A final dimension included in Yosso's model is social capital. Like Bourdieu (1986), she described this as the support drawn from networks with others. Yosso found students of colour were less able to access such support from traditional networks, such as the university. However, she identified a number of other networks within communities of colour, including the National Association of Colored Women's Clubs, which offers emotional and practical support, and provides a mechanism to elevate social status. It may be that, like students of colour, the mature-age women in my study do not have access to traditional social capital resources. It may also be the case that they are able to seek alternatives in order to commence and progress in their nursing degrees.

Gender Theory

Gender as a social construct is a recognised social determinant in public health and has a substantial influence on an individual's decision making power, authority and opportunity (Liamputtong, 2016; World Health Organisation (WHO), 2010). Discussions around gender, including gender inequality, gender roles, gender role stress and gender role conflict were

common in the studies selected for review in Chapter 2 (Howard, 2002; Kevern & Webb, 2004; Meehan & Negy, 2003; O'Shea, 2014; O'Shea & Stone, 2011; Vaccaro & Lovell, 2010). A strong theme identified throughout these studies was the lower levels of partner support given to women nurse students from male partners. For some women, a lack of support began from the time they made the decision to commence their degree. For others, support from male partners reduced during their degree journey. Of particular relevance was the influence of traditional gender roles on support, and the reluctance of men to move beyond established gender roles and role expectations. The questioning and challenging of roles within relationships, sometimes leading to relationship difficulties and conflict, and the experience of personal growth and identity change for women students were further important themes. It is therefore imperative to include a discussion around current understanding on gender and gender norms in this theoretical discussion.

The social construction of gender

From the 1960s, academics began to distinguish between the concepts of sex and gender, with sex viewed as a biological attribute of being female or male, and gender considered to be a construct of social, psychological and biological factors (Levant, 2011). Acker argued the social construction of gender develops through reinforcement of stereotypes from birth, which results in the development of gender identity of individuals (Acker, 2006). Another way to view gender arose from the work of West and Zimmerman (1987), who described it as something people 'do' rather than 'are'; that is, gender can be described through behaviour which is shaped and altered by societal expectations. Therefore gender roles and ideologies are not fixed and static, but are subject to change through interactions in society and in different social contexts. The dominance of this second theory has been supported in Ridgeway and Correll's summary of more recent thinking around gender, which states:

There is increasing consensus among gender scholars that gender is not primarily an identity or role that is taught in childhood and enacted in family relations. Instead, gender is an institutionalized system of social practices for constituting people as two significantly different categories, men and

women and organizing social relations of inequality on the basis of that difference (2004, p. 510).

Both cultural beliefs and social relational contexts, the latter being “any situation in which individuals define themselves in relation to others in order to act”, are seen as important in constructing gender systems (Ridgeway & Correll, 2004, p. 511). Femininity and masculinity may therefore be viewed both as social roles influenced by society's dominant norms and stereotypes, and as social actions or performances (Levant, 2011).

According to gender theory, society differs in its expectations of female and male behaviour. These expectations vary between societies and over time, and are influenced by cultural and political changes (Acker, 2006). Ridgeway and Correll (2004) argue that society's hegemonic cultural beliefs and expectations about gender reinforce inequality between women and men, which in turn influence behaviour in social relational contexts, hence gender differences and inequality are reinforced through social interactions. An example of this inequality is displayed in the higher regard and societal status given to areas in which men are viewed as more competent, such as leadership and business, rather than childcare and emotional support of others, which are viewed as ‘feminine strengths’ (Ridgeway & Correll, 2004).

The Male Role Norms Inventory devised by Levant (1992), defines masculine norms as: avoidance of femininity, fear and hatred of homosexuality, self-reliance, aggression, achievement/status, non-relational attitudes towards sexuality, and restrictive emotionality. The Feminine Norms Inventory (Mahalik et al., 2005) identifies female gender role norms as: nice in relationships, thinness, modesty, domestic, care for children, romantic relationship (invest in), sexual fidelity and invest[ment] in appearance.

Individuals who adhere rigidly and associate strongly to these gender norms are described as having traditional or conservative views of gender (Pleck, 1976). Close adherence to these views contributes to feelings of normality and self-worth. In contrast, modern or liberal gender role ideologies have a relaxed attitude and perspective towards expectations of males and females. Men and women adhering to more egalitarian gender norms tend to

have greater emotional intimacy, better communication, and more collaboration within their intimate relationships (Pleck, 1976).

According to Pleck, gender role ideologies can be linked to class, with middle class individuals adapting a more modern or liberal approach. The social context of higher education has also been shown to influence gender role beliefs, encouraging an increasingly liberal-egalitarian stance (Baxter, 2014; Brewster & Padavic, 2000; Kane, 1995). As nursing students and mature-age women students in general often come from lower SES backgrounds, this theory indicates they are likely to hold more traditional ideas of their own position in society, with their role as home maker and mother central to their idea of femininity. This has potential implications for the women in my study, who may find their ability to continue in these roles is challenged by the demands of the student role. When forced to compromise these roles, women tend to experience the phenomenon of gender role stress, described as the stress arising from feeling unable to demonstrate and commit to social norms and expectations associated with a person's gender (Gillespie & Eisler, 1992; Pleck, 1976). Gillespie and Eisler found this stress amongst women is particularly initiated by the fear of being unable to relate in a positive and nurturing way with others.

Women with more traditional ideas of gender have been found to be particularly unhappy to surrender control of these nurturing and caring roles, or to share them with their male partner. Allen and Hawkins (1999) described the behaviour associated with protecting these roles as maternal gatekeeping. The women in their study who demonstrated this behaviour were driven by the validation women get from being seen to be a 'good mother', the belief in the importance of distinct gender roles for women and men and the idea that women are 'better at', and maintain higher standards of housework and childcare. Although their study involved married white women in the USA who worked in paid employment, it may be that women who go to university may also demonstrate these behaviours. Such behaviour would reduce the priority of their degree, and ultimately jeopardise their progression.

Developing an authentic understanding of the university experience of the women in my study must consider the influence of their relationship with

their male partner, and the beliefs these men may hold. Ideas of masculinity are therefore also important. Like women, men experience gender role stress when they are in a situation where they feel they are not fulfilling societal stereotypes or expectations of masculinity (McCreary et al., 1996). A scale developed by Eisler and Skidmore attempted to measure the masculine stress produced as a result of the “confining, maladaptive ... aspects of traditional gender roles assigned to men” (1987, p. 123). This stress was found to be particularly prevalent when ‘masculine’ behaviours such as dominance, power and control were threatened. Such stress was associated with heightened anxiety and anger. It may be that, as the women in my study progress in their degree studies, the balance of dominance, power and control may shift. Combined with the reduced opportunity for their female partners to devote time to their nurturing and family orientated tasks, this stress may lead to reduced partner support within the intimate relationship, a theme identified in Chapter 2.

A further important theme identified in Chapter 2 was conflict within the intimate relationship. O’Neil (2008) described gender role conflict in men as a psychological state where adhering to the rigid traditional male gender role has negative consequences for the individual and/or others’ mental and relationship health. This, he argued, restricts the human potential of the person experiencing gender role conflict, or the person in a relationship with them (O’Neil, 2015). According to O’Neil, an important aspect of gender role conflict is ‘gender role restriction’, in which men confine their behaviour, and the behaviour of others to rigid ideas of gender and gender roles. An example of this is the prohibition, due to masculine and feminine norms, of flexibility of roles within interpersonal relationships. While O’Neil discussed this prohibition in relation to the paid work undertaken by male and female partners, this situation could equally apply to decisions around participation in higher education.

Outcomes of gender role restriction include abuse of power, control of others and feelings of loss, guilt, anger and powerlessness. In my study, the increased capacity for the woman to act as breadwinner, combined with the reduced time caring for the home and family associated with university study,

is likely to lead to a shift in gender roles within the intimate relationship, a precursor for gender role conflict in men with more rigid ideas of gender.

A study on gender role conflict in women found women college students in the USA suffered from the phenomenon. This was the most strongly predictive factor associated with anxiety in women and a significant factor for depression in both women and men (Zamarripa, Wampold, & Gregory, 2002). In my study, both women and men experienced conflict associated with student, home and family roles.

Like men, women with more traditional ideas of gender are particularly susceptible to feelings of gender role stress and conflict. For the women in my study, participation in higher education may have negative consequences for their mental health, their partner's mental health, and the intimate relationship itself, and therefore the women's progression and success at university.

Tinto's Body of Work on the Student Experience

A discussion of theoretical perspectives of the student experience requires a consideration of American researcher Vincent Tinto, who has been an important contributor to the literature since the 1970s. His work, which is regarded by many academics as "the main paradigm in research" on the subject (Grayson & Grayson, 2003, p. 1), commonly informs higher education strategies (Metz, 2004-2005). Tinto's idea of student integration was included in seven of the 17 studies selected in the integrative literature review (Chapter 2). Three others studies, while not citing Tinto, identified student engagement, a concept derived from his theory of student integration, as an important influence on continuation and coping.

Tinto's research is largely rooted in the positivistic paradigm. This has enabled his development of "law like generalisations" on the student experience and continuation behaviour (Tierney, 1992, p. 611). Tinto's early work is almost entirely based on the experiences of school-leaver students in the USA who lived on-campus. As a consequence, many of his ideas reflect a perspective of the student as an individual who is able to exercise free choice, and is unrestrained by competing responsibilities of home and family. These

students therefore had a markedly different lived reality to the women in my study. The disparity in educational and student fee systems between the USA and Australia may compound this difference.

Tinto published his initial work on the subject of student attrition in 1975. His aim was to address the absence of theoretical models in the literature that “seek to explain, not simply to describe, the processes that bring individuals to leave institutions of higher education” (Tinto, 1975, p. 89). At this time, research into student attrition was almost exclusively focused on a psychological model that considered an individual student’s attributes, such as their personality and academic ability, something Tinto felt was a victim blaming approach. Tinto instead saw the main influence on student dropout as the individual’s integration within the higher education institution.

Tinto described student integration as the extent to which a student ‘fits in’ to the university, assimilating its norms, culture and values (Tinto, 1975). He referred to two types of integration. ‘Academic integration’ describes the student’s assimilation of the academic norms and expectations of the educational institution, and ‘social integration’ refers to their assimilation into a range of the social systems of college, such as peer group friendships and extra-curricular college events (Tinto, 1975).

Tinto’s Student Dropout Model (1975) describes the importance of the interplay between student’s integration, expectations and characteristics. Students’ expectations are divided into goal commitment, described as the commitment to achieving an academic qualification (academic commitment), and institutional commitment, described as the affiliation with the chosen academic institution (social commitment). More recently, Tinto added vocational commitment to this group of factors (Tinto, 1993), something that may be of particular relevance to the nurse students in my study.

Tinto proposed that a student’s characteristics (pre-entry attributes), including their pre-college experiences, their social class, and family value-systems, affect dropout behavior primarily through their influence on their goal commitment. According to Tinto, educated parents hold greater academic expectations of their children, who therefore have higher goal commitment at

university, and are more likely to participate at university and to succeed than students of less educated parents. While the Student Dropout Model acknowledges the influence of family, and indirectly a student's first generation status, the greater emphasis rests on the individual student and their motivation. The wider and ongoing influence of family history on the student's cultural and social capital, and hence their capacity to integrate, is not directly considered. In expecting students to 'fit-in' to the culture of higher education, the different strengths and attributes of those who do not 'fit' are ignored or devalued.

Tinto's later Stages of Individual Departure Theory (Tinto, 1988) again reflects the idea of the student as an independent agent. This theory is based on ethnographer van Gennep's (1960) 'rites of passage' study of social groupings, in particular, membership within groups and movement between successive groups as individuals move into adulthood. According to van Gennep, the movement of an individual between groups involves an initial phase of separation from belonging to a group, a second phase of transition to a new group entailing an introduction to new behaviours, ideas and traditions, and a third phase of full incorporation into the group in which the individual becomes a competent and established member. When an individual moves to a new group, they may initially feel isolated from their previous group and may have an incomplete sense of belonging to the new group.

Tinto applied this idea to the student journey, dividing it into a series of phases: separation from home, family and school; transition into an initially alien college environment and its traditions, norms and disciplines, and finally, full incorporation into college life and group membership. He argued students may need to reject the values of their old groups, such as family and friends at home, before they can embrace those of the new groups they encounter at college. For Tinto, continued study depends on a full transition into the college academic and social life. While providing insight of the experiences of young single students who live on campus, the theory offers little understanding of the university experience of women students who live with partners, and who cannot be expected to cut family ties in order to succeed.

In his 1993 publication 'Leaving College, Rethinking the Causes of Student Attrition', Tinto acknowledged the problems facing the growing group of non-traditional students at university. He revised his idea that all students require full immersion within the main or dominant culture of the university, proposing they may instead benefit from membership within a sub-culture with whom they have a sense of belonging and shared beliefs and values. This, he proposed, may be a subculture of ethnicity, discipline studied or social viewpoint. In my study, beneficial subcultures may include groups of women students who live with male partners, women students who are mothers, or mature-age women students in general. The influences of external commitments such as family, paid employment and community roles were acknowledged in this work. Of particular relevance to my study is Tinto's recognition of the disproportionate burden of family responsibilities experienced by the increasing number of older women who had begun to access higher education at that time. Tinto acknowledged that for such students, external forces could mean students are "pulled away" (1993, p.109) from attending and therefore integrating into college. Faculty, he argued, must be aware of conflicting external roles and responsibilities of mature-age students. They must develop strategies to support integration, such as flexible timetables and part-time options.

Although acknowledging the influence of these external factors, Tinto saw them as "secondary to those [student experiences] within the college" (1993, p. 129). He argued that "external experiences ... condition, but do not determine the character of experience on campus" (1993, p. 129). For Tinto, these "private issues", are beyond immediate institutional control (2006-2007, p. 6), and efforts to ameliorate them are less valuable than those dedicated to enhancing the students' experience within the confines of the university. Tinto therefore recommended educational institutions strive to address "conditions within institutions in which we place students rather than on the ... events external to the institutions that may also shape decisions to stay or leave" (Tinto, 2012, p. 254). For mature-age women students in an intimate relationship, ignoring or underplaying the importance of these factors, especially gendered norms, family history and tradition, and relationships

outside the university may significantly impact the effectiveness of institutional actions intent on supporting non-traditional student success.

Other aspects of Tinto's more recent work demonstrate greater congruence with the objectives and approach guiding my study. These include his interest in understanding why students stay, rather than leave university, which he now sees as central to the success of college interventions (Tinto, 2006-2007). Tinto's most recent publication, 'Through the eyes of the student' (2017a), has signaled a shift in approach from developing evidence using positivistic broad-scale studies, to one that considers the student's own perspective. In this work, Tinto also touches on the way a number of other factors, such as family responsibilities and family history could influence the student experience. To improve retention, he argues, the university must understand how "issues of income, race and gender, among others that influence student perceptions come to influence student persistence" (2017a, p. 264). Despite this shift in approach, Tinto's emphasis nevertheless remains firmly on the individual student, their characteristics, beliefs and personal drive, and their interactions within the university. He proposes that, to improve persistence, universities must support the student's self-efficacy, sense of belonging, personal goals and perception of the curriculum. The evidence outlined in the preceding chapters of this thesis indicate that, for non-traditional students, these four factors may be heavily dependent on influences outside the university.

The valuable contribution of Tinto's work to improving the student experience requires acknowledgement. His increased emphasis on the non-traditional student over recent decades adds to its value and relevance to the heterogeneous non-traditional student body in higher education. However, his continued stance that the student's interactions within the university have a greater influence on continuation behaviour than factors originating outside the university, and the perspective of the student as an individual and a free agent, means the extent of its applicability in supporting an understanding of the experiences of the women in my study is uncertain.

Tinto and the concept of student engagement

Derived from Tinto's work on student integration is the idea of student engagement. This is defined as "both the time and energy students invest in educationally purposeful practices" (Kuh et al., 2008, p. 542). While often used interchangeably with integration in the student experience literature, Tinto highlighted essential differences between the two terms: integration refers to the internalisation of the norms and culture of university, while engagement refers to participation in the same. Importantly, he also advised that although a student's engagement may lead to integration, this is not a given (Tinto, 2012).

Despite this difference, efforts to improve engagement have become a main focus of higher education pedagogic research and practice (Krause & Coates, 2008; Zepke & Leach, 2010). To this end, annual national student surveys attempt to measure student engagement in the USA (National Survey of Student Engagement Institute for Effective Practice, 2017) and in Australia (DET, 2017d). It is therefore useful to acknowledge and explore student engagement as a factor influencing the student experience, while recognising it as a related, but separate concept to integration.

The idea of engagement, together with the other theoretical perspectives explored in this chapter, provide a relevant conceptual framework for consideration during the interpretation of the study's findings and the creation of meaning around women's university experiences.

Chapter Four: Research Methodology and Study Design

Introduction

The methodology of a research study can be described as “a specific philosophical and ethical approach to developing knowledge; a theory of how research should, or ought, to proceed, given the nature of the issue it seeks to address” (Hammell, 2006, p. 167). The chosen methodology guides the overall research design, including the method of data collection and analysis and issues of rigour. The methodology of this study was underpinned by Gadamerian hermeneutic philosophy.

The chapter begins with an explanation of Gadamer’s philosophy, its origins and main ideas. The study’s method, its qualitative approach, and application of feminist principles are discussed, and their relevance to the research argued. The way each of Gadamer’s central tenets is applied to the research method is then outlined.

The chapter concludes with a discussion of, and rationale behind, the approach taken to support the rigour in this study. The way the chosen trustworthiness framework is applied in the study is provided. This includes a demonstration of the way the strong alignment of Gadamer’s philosophy with the qualitative and feminist aspects of the research method, and its public health approach, supports credibility. I have written in places in the first person in order to more clearly articulate the ideas underpinning my choice of methodology and study design.

Introduction to Gadamer’s Hermeneutic Philosophy

Gadamer’s hermeneutic philosophy of human existence is strongly influenced by the ideas of phenomenological and hermeneutic philosophies and, in particular, the work of Husserl and Heidegger. The origin of these influences and the way they shaped Gadamer’s philosophy are first discussed.

Origin of hermeneutics

The etymological root of the word 'hermeneutics' is from the Greek work 'hermeneuein', to interpret, with 'herme' derived from the Greek messenger Hermes, who, according to Greek Mythology, translated the ways and commands of the Gods to humans (Lawn, 2006). The art of hermeneutics, as the interpretation of historical religious texts, emerged in seventeenth century Germany. Referred to as 'romantic hermeneutics', it was initially used to create a more systemic, and less symbolic understanding of protestant religious texts (Blaikie, 2004; Lawn, 2006).

Hermeneutics has a place in modern philosophy in understanding how humans make sense of the world (Pascoe, 1995). German philosopher and theologian Schleiermacher (1786-1834) is viewed as the founder of modern hermeneutics, and with German hermeneutic philosopher and sociologist Dilthey (1833-1911), is credited with expansion of hermeneutics from the study of texts to the study of human activities (Geanellos, 1998). Both are credited as being among the first philosophers who questioned the inadequacy of the rationalistic sciences in understanding human phenomena (McManus Holroyd, 2007). Dilthey used the hermeneutic circle, a concept originally alluded to by Schleiermacher, as a metaphor to explain how understanding is achieved through the cyclic process of moving from parts of a text to the whole and back (Blaikie, 2004).

Origin of phenomenology

Phenomenology, the study of phenomena as they are experienced (Malpas, 1992), considers the meaning of human existence (Grondin, 2002, pp. 36-51). Phenomenology evolved to be a heterogeneous school encompassing a range of philosophies, therefore the methods or approaches used to discover the meaning of existence in phenomenological studies vary. Holloway and Wheeler (2010) divided contemporary phenomenology into three streams. These have overlapping but also distinct features, these being: descriptive (from Husserl), hermeneutic (from Heidegger, and later including Gadamer) and existentialist (from French philosophers Merleau-Ponty and Satre). Although Merleau-Ponty and Satre viewed Heidegger's work as an antecedent to their own theories on the meaning of existence, the existentialist

stream will not be considered further in this thesis. However, as Gadamer was influenced by Heidegger, and Heidegger by Husserl, the ideas of both philosophers will be discussed, and in particular how they influenced Gadamer's hermeneutic philosophy.

Husserl's descriptive phenomenology

German philosopher Edmund Husserl (1859-1938) is considered the founder of phenomenology (Pascoe, 1995). Husserl's ideas of phenomenology were strongly influenced by Descartes, who 200 years earlier, had disputed the then accepted belief that truth was derived from tradition, such as religion and ancient Greek philosophy (Lawn, 2006), but instead relied on rigorous scientific method. Husserl (1931) applied this idea to his own phenomenological approach. Consistent with the established paradigm of positivism in natural sciences, Husserl believed that the truth of human existence was a fixed and universal reality (Walters, 1995). He argued that discovering this truth requires the removal of the influence of the prejudices, often also referred to as presuppositions, such as tradition, culture and beliefs, which, he argued, clouds reality (Walsh, 1996). To this end, Husserl developed an objective-reductionist technique of bracketing (or suspending) these prejudices, a method he termed phenomenological reductionism (Lawn, 2006; Walters, 1995).

According to Husserl, objects have truth and meaning within themselves, and bracketing enables access to the transcendental (intuitive) rather than a logical rational (influenced through theory, tradition or reason) source of an object as it presents to the human consciousness (Crotty, 1996). Husserl's objective and 'pre-reflective' method therefore presented a way of revealing human subject-object interaction experience as it exists, rather than one which is altered by self-conscious processes (Crotty, 1998).

Heidegger's hermeneutic philosophy

Martin Heidegger (1889-1976), a student of Husserl, introduced his own work on hermeneutic philosophy in his text 'Being and Time' (Heidegger, 1962). In this he presented his philosophy on understanding human beings through study of the experiences of life (Blaikie, 2004). He saw the aim of philosophical hermeneutics as the study of interpretation itself, rather than a

theory of interpretation (Grondin, 1994). In doing so, he shifted the preoccupation of hermeneutics from the interpretation of texts to a description of human understanding itself. Heidegger therefore regarded hermeneutic philosophy's main purpose to be ontological, not epistemological, concerned with discovering the nature of existence or reality, rather than the nature and limits of human knowledge (Lawn, 2006). Heidegger's philosophy therefore has its basis in a different ontological view to Husserl, believing humans cannot be seen as subjects consciously interacting with objects while remaining detached from them, but as being part of the world and affected and affecting others and objects therein.

Heidegger's belief that existence is hermeneutical (subject to interpretation) led to the development of the concept of Dasein (from the German word, meaning being-in-the-world). This concept was integral to human understanding of the world, and the idea that the person and the world cannot be separated but are instead, co-constituted (Koch, 1995). To Heidegger, involvement or being in the world was 'a priori' to conscious knowing, with understanding occurring through experiencing or being, rather than knowing (Walsh, 1996). Hence Heidegger disagreed with Husserl's reductionist and positivistic belief in the necessity to separate the researcher from their own prejudices, in order to provide a rigorous method of study (Blaikie, 2004). He instead believed humans incapable of being detached or isolated from the objects within the world (Walters, 1995). Instead of a descriptive method, Heidegger sought interpretation or understanding (hermeneutic).

Heidegger introduced the concept of temporality to hermeneutic phenomenology, arguing humans understand and make meaning of their lives and in their lives within the context of their own historical and social situation (Blaikie, 2004). This reality was not seen as singular and fixed, but multiple and dependent on the context of the situation. Heidegger believed that a person's experiences in life enabled them to interpret and understand situations as they occurred. Heidegger included Schleiermacher and Dilthey's concept of the hermeneutic circle in his philosophy, explaining the notion of interpretation to be circular, with understanding and meaning created through

the repetitive returning from parts of the text to the whole and back again (Crotty, 1998). This concept, and the rejection of the search for objective truth through application of rigid method, and the promotion of the historicity of understanding, were embraced and further developed by Gadamer.

Gadamer's hermeneutic philosophy

Hans-Georg Gadamer (1900-2002) was a highly influential 20th century German philosopher in the field of hermeneutics. Today, he is considered the founder of contemporary hermeneutic philosophy (Pascoe, 1995), Gadamer's philosophy was influenced by the phenomenologists Husserl and Heidegger, and the term 'hermeneutic phenomenology' is often used to describe his work (Annells, 1996). Gadamer did not however consider himself a phenomenologist, and his philosophy included important differences to the phenomenological approach of Husserl and Heidegger (Lawn, 2006). The term 'hermeneutic philosophy' is therefore a truer reflection of his ideas.

Like Heidegger, Gadamer was interested in understanding human existence, rejecting Husserl's focus on 'knowing'. For Gadamer, all understanding is interpretation, the terms having the same meaning in his eyes (Lawn, 2006). Gadamer wrote his most influential work on the inherent features of human culture and meaning: 'Truth and Method' in 1960. Translated from German into English in 1975, it has been described as "one of the most important philosophical texts on the twentieth century" (Lawn, 2006, p. 23). In this work, Gadamer, like Heidegger before him, rejected Husserl's belief in reductionism and its use in the discovery of a finite and singular truth within subject-object relationships (Gadamer, 1960; 1975). For Gadamer, truth was fluid and changing, and was created through an understanding of the rich and complex nature and experience of 'being' for humans, across multiple human perspectives (McManus Holroyd, 2007).

The Research Method

A qualitative longitudinal study, informed by feminist principles

The study uses a qualitative approach to explore the experiences of women students. This is a fairly uncommon choice for studies of the nurse student experience, in particular those exploring commencement and

progression, which tend to collect and analyse data from large-scale surveys (Glossop, 2002; Mulholland et al., 2008; Pitt, Powis, Levett-Jones, & Hunter, 2012). Although offering a picture of important patterns and trends, the transferability of the findings of such studies across today's increasingly disparate cohorts of nursing students is questionable (Cameron et al., 2011). Evidence from studies of school-leaver students, for example, may have little relevance to the mature-age women in my study. A further problem with the survey approach is the resulting "broad but shallow images" they provide (Vaccaro & Lovell, 2010, p. 163). Such studies may incorporate variables that indicate correlation or predict behaviour, but a complex understanding of the influences on these behaviours remains hidden. A pertinent example of this was evident in the literature discussed in Chapter 2, where terms such as 'family support' were identified as variables influencing attrition, with no explanation of who the family member was, or their method of influence (Lo, 2002; Scott et al., 1996).

In contrast, qualitative approaches can be used to interpret real world situations and experiences, as they offer a set of research practices that "make the world visible", and elucidate phenomena "in terms of the meaning people bring to them" (Denzin & Lincoln, 2008, p. 4). A qualitative approach is also particularly suited to studies that explore new or previously unconsidered issues in social sciences, as it supports inductive development of understanding, that is not dependent on fixed variables but on individual perspective (Strauss & Corbin, 1990).

In my study, the in-depth interview, guided by Gadamer's Hermeneutic Philosophy, is used to make visible the meaning of women's experiences of university, doing so from their own perspective. My study also considers the student experience from the time participants decided to apply to university to the final stage of the degree. In taking a longitudinal, two phase approach to data collection, the complex and changing nature of women's experience across her nursing degree journey can be explored, something a cross-sectional study is unable to achieve.

It is problematic to my study, which is interested in the perspectives of women, that much of the current social science theory is founded on studies

with men. Women's experiences, whilst different to men's, are commonly 'drowned out' or disregarded (Harding, 1991; Oakley, 2000; Ramazanoglu & Holland, 2002). The achievement of social justice requires the inclusion of women's voices and experiences within the research evidence (Brooks & Hesse-Biber, 2007; Denzin & Lincoln, 2013). This, according to feminist scholars, can only be achieved through the development of a non-hierarchical conversation, cooperation, and co-construction of meaning between the woman and the researcher (Denzin & Lincoln, 2013). A discussion of the way these approaches are supported by the application of Gadamer's tenets to the research method follows. The way these approaches are embedded within the in-depth interview process is demonstrated in Chapter 5.

Applying Gadamer's philosophy to the research method

A robust study must demonstrate how data collection and analysis align with and flow from the chosen methodology. The application of Gadamer's philosophy to a research method is not, however, a straightforward procedure. Gadamer was critical of the use of fixed methods or procedures in hermeneutic study, arguing this approach may actually occlude the creation of truth (Lawn, 2006). As a consequence, Gadamer did not provide researchers with a set of steps to follow (Annells, 1996). This omission prompted Dostal (2002) to describe Gadamer's inclusion of the term 'method' in his seminal work 'Truth and Method' as ironic, and Lawn (2006) to propose the alternative title of 'Truth or Method'.

Lawn argued that applying Gadamer's ideas to a research method relied on an understanding of Gadamer's unorthodox interpretation of truth, as the ongoing fusion of ideas or experiences (Lawn, 2006). For Gadamer, experience and insight, in particular new insight from a reflective and open-minded relationship with experience, means human understanding continues to change through new encounters with others. As there is no end to these encounters, there is no final or fixed truth or definitive answer to the interpretation of existence (Lawn, 2006).

Although Gadamer did not prescribe or recommend a method of creating this truth, he did include a set of tenets within his philosophy which reflect his interpretation of truth. According to Kinsella (2006), these tenets

make clear the conditions within which understanding can truly occur and can therefore be used to guide the research method, a process Walsh refers to as “shap[ing] Gadamer’s insights” (Walsh, 1996, p. 233). A number of researchers, including Fleming, Gaidys, & Robb (2003) and Kinsella (2006) have developed their own methods from their personal interpretation of Gadamer’s tenets. These useful and insightful guides may be adopted by other researchers who choose to follow Gadamer. Polkinghorne (1983) has however, advised that a unique interpretation relevant to each study’s distinctive subject matter and situation as preferable. For my study, which explores a previously unconsidered student group, I have used my own interpretation of the best way to apply Gadamer’s tenets to the research method.

The central tenets and the research method

Language and conversation

The prominent position of language in Gadamer’s philosophy led to him being credited with moving “the idea of conversation to the very centre of hermeneutics” (Palmer 2001, p. 39). Gadamer described his central tenet of language as “the universal medium in which understanding occurs” (Gadamer, 1960, p. 389), only through truly listening to another person in conversation can understanding occur (Grondin, 1994; Palmer, 2001). A systematic review of the literature has revealed that my study is the first dedicated to understanding the experiences of women who study nursing while in an intimate relationship. The use of a conversational approach to the in-depth interview, in which active listening occurs is central to the creation of understanding of these women’s experiences, and one which I have adopted in my study.

Gadamer sought to create understanding and meaning from conversation through the interplay of ideas and voices of the researcher and participant and the development of consensus. This can only be done if the researcher maintains an open mind, and encourages participants to share their own perspectives and beliefs, however dissimilar they are to their own (Palmer, 2001, p. 11). In my study, the use of a non-judgmental, inclusive

approach is a particularly important aspect of the interview, as it empowers women to share their voices and therefore to contribute to new understanding.

Authority and tradition

Authority and tradition are further tenets of Gadamer's philosophy. Gadamer saw authority as important in the creation of meaning, however, like Heidegger, he rejected the idea of authority as the unquestioned dominance and power of religious, royal or political leaders. To Gadamer, the term refers to an earned position through education, experience and knowledge, such as that of respected teachers who facilitate learning in others.

Gadamer argued that 'tradition', which he described as the passing on of knowledge and skills through generations, was integral to his idea of authority (Lawn, 2006). Geanellos (1998) interpreted Gadamer's idea of tradition as shared language, history and cultural backgrounds, with Blaikie (2004) describing it as culture or world view. For Gadamer, this tradition is inescapable, and is therefore universally influential to existence and meaning. Gadamer viewed truth as enshrined in tradition, thereby rejecting Husserl's methods to remove tradition in the pursuit of understanding and meaning (Gadamer, 1989; Geanellos, 1998).

In my study, which takes a public health perspective to understanding women's experiences, recognition of these traditions, in particular participants' familial history and environmental and social background, is integral to the creation of understanding and meaning. Chapter 3 of the thesis outlines the theoretical authority on the student experience, while Chapter 1 (the motivation for the study) and Chapter 5 (my researcher lens statement) outline my initial authority as researcher. In Chapter 6 of this thesis, participants' traditions are outlined. The way these traditions inform participant authority and contribute to the creation of meaning is made evident throughout the discussion of findings (Chapters 7 and 8).

The hermeneutic circle and the fusion of horizons

Already a recognised concept within philosophical hermeneutics, Gadamer secured the importance of the hermeneutic circle, using it as a metaphor to explain how understanding is achieved by the cycle of moving from parts of a text to the whole and back (Blaikie, 2004). Gadamer used the

idea of 'play' within the hermeneutic circle to describe the interaction of the researcher with the text. This interpretation can be widened to the interaction of the researcher with the interview participant. Here the relationship is not subject-object, in which there is dominance by the researcher; instead, there is an egalitarian interaction or play, with the researcher fully engaged with the participant or the text (Walsh, 1996). Gadamer's interpretation of the hermeneutic circle included the iterative inter-relationship between pre-understanding (anticipation) and understanding (interpretation) (Grondin, 2002, pp. 36-51). Holloway and Wheeler explained how "preconceptions and provisional knowledge [of the researcher] are always revised in the light of experience and reflection" (2010, p. 220). Meaning therefore is constantly redefined within this circle of understanding (Lawn, 2006).

The 'fusion of horizons' is another important concept in Gadamerian philosophy. The 'horizon' is a metaphor for a person's range of vision, including everything seen from an individual's viewpoint (Gadamer, 1960). Gadamer argued understanding does not just arise from individual viewpoint but from a fusion with other horizons, including those which are current and historical (Gadamer, 1975). The initial horizon of understanding of a researcher is based on their own tradition and authority, and is expanded through interaction with text (in my study, the participant voice and authoritative text in the form of previous theory). In contrast to research guided by descriptive phenomenology, all three horizons contribute to the process of understanding, with none individually representing the whole 'truth'.

According to Gadamer "the horizon of interpretation changes constantly just as our visual horizon also varies with every step that we take" (1989, p. 474). This change of interpretation occurs because of the expansion of horizons through the process of fusion with other, previously unfamiliar horizons. In my study, the sharing of, and reflection on the different and sometimes challenging world views of participants and the critical reading of theory facilitated the widening of my vision as researcher. Examples of this are demonstrated in the study data analysis process (Chapter 5).

Applying 'prejudice' in the creation of meaning

Following the Enlightenment period of the 17th and 18th centuries, scientific or rational enquiry, rather than received wisdom, were seen as the way to truth. Here, individual presupposition or prejudice was not considered relevant; instead, the researcher took a detached, objective stance. Gadamer argued against this aspect of the enlightenment movement, declaring that “to try to eliminate one’s own concepts in interpretation is not only impossible, but manifestly absurd” (Gadamer, 1975, p. 358).

Gadamer introduced the importance played by an individual’s prejudice in the creation of meaning. Defining prejudice as “... a judgement that is rendered before all the elements that determine a situation have been finally examined” (Gadamer, 1975 p. 273), he proposed they could be beneficial to the achievement of meaning in research.

Prejudices are not necessarily unjustified and erroneous, so that they inevitably distort the truth. In fact, the historicity of our existence entails that prejudices, in the literal sense of the word [pre-judgment], constitute the initial directedness of our whole ability to experience. Prejudices are our biases of our openness to the world. They are simply the conditions whereby we experience something—whereby what we encounter says something to us. This formulation certainly does not mean that we are enclosed within a wall of prejudices and only let through the narrow portals those things that can produce a pass saying, ‘nothing new will be said here’ (Gadamer, 1975, p. 9).

Gadamer also recognised that the reliance on prejudices could alternatively lead to misinterpretation, or lack of consideration of findings that run contrary to a previously accepted position. To counter this, all forms of authority must contribute to the development of consensus in the hermeneutic circle.

Minimising bias requires a critically reflective stance, in which the researcher identifies and makes transparent their prejudices and the way contribute to the fusion of horizons. This process, which Gadamer referred to as “hermeneutic imagination” (Palmer, 2001, p. 42), minimises the unwanted influence of unhelpful researcher bias (Agassi, 1994).

In my research, this process has been captured in a reflective diary, excerpts of which have been used to illustrate how my perceptions and

understanding throughout the research data collection and interpretation process (Chapter 5). The diary also demonstrates how my prejudices altered, as I encountered new and different forms of authority from both participants and theoretical works. The influence of this process on the overall co-construction of meaning is demonstrated throughout the description of the research analysis in Chapter 5.

Ensuring rigour in research design and process

The approach to a study's rigour is dependent on its ontological perspective. Within the positivistic paradigm, rigour is assessed using the parameters of validity, reliability and objectivity. My study, which sits in the constructivist paradigm, and is informed by Gadamerian and qualitative philosophies, sees the achievement of these objectives as neither possible nor desirable (Polit & Beck, 2012; Whittemore, Chase, & Mandle, 2001). Validity, the search for a fixed, objective universal truth is an irrelevance, because of the view that there is no standard or fixed world view. For the same reasons reliability or repeatability and consistency across time and contexts is also important. Objectivity is regarded as unobtainable and indeed undesirable in seeking meaning and understanding.

The lack of a comparable universal framework around research quality for studies that do not fit into the positivistic paradigm has resulted in confusion and uncertainty for researchers (Lawn, 2006). This in turn has led to the emergence of a multitude of alternative quality frameworks and models. De Witt and Ploeg (2005) have, however, cautioned that researchers of qualitative studies need to approach their decisions around their choice of quality framework with care. They argued that the range of underpinning philosophies used across different schools of qualitative inquiry, means the rigid imposition of a specific quality framework from one study to another may be inappropriate.

Koch argued that nurse researchers need to construct their own framework to determine rigour. Koch's own chosen method involved the inclusion of an audit trail of "theoretical, methodological and practical decision making" throughout the research process (1995, p. 835). Whatever approach

is chosen, Conrad and Serlin (2011) have proposed qualitative researchers must include a rationale for, and explanation of their choice.

I undertook extensive reading of approaches to quality in qualitative studies, including the use of a reflexive diary (Rolfe, 2006), the processes of member checking (Dowling, 2007; Geanellos, 1998; Fleming et al., 2003) and expert checking (Geanellos, 1998; McConnell-Henry, Chapman, & Francis, 2011). A careful critique of these approaches and their congruence with Gadamer's hermeneutic philosophy led to my decision to select the 1989 version (Guba & Lincoln, 1989) of Lincoln and Guba's (1985) trustworthiness framework. The way this framework supports the rigour of my study is now discussed.

The trustworthiness framework

The trustworthiness framework used extensively in qualitative studies worldwide consists of five criteria: credibility, dependability, confirmability, transferability and authenticity (Guba & Lincoln, 1989). The following section considers the part played by each parameter in supporting rigour.

Credibility

The concept of credibility is viewed as the central criterion of trustworthiness (Conrad & Serlin, 2011; Guba & Lincoln, 1989). According to Guba and Lincoln, credibility is the confidence in the truth of the findings; the findings reflect the phenomenon under study, within the confines of the study context.

Transparency and congruence within the study design and process

For credibility to be demonstrated within a research study, a transparent description of the research design and process, and the identification of the philosophical perspectives guiding the study are essential. Nursing studies that have omitted to do so have had their credibility scrutinised. A common practice attracting criticism is the tendency to describe a study's methodology, using the blanket term 'phenomenology' or 'hermeneutics' without identifying the underlying philosophy be it Husserlian, Heideggerian and Gadamerian, despite the significant differences between each (Koch, 1995; Mackey, 2005; Walsh, 1996). The previous discussion of Gadamer's hermeneutic philosophy,

including its origin, guiding tenets and application to the research method, satisfies this important criterion in my study.

It is also important to demonstrate congruence between all aspects of the study design. Congruence between Gadamer's philosophy and the public health perspective used in this study is strong. As demonstrated in the preceding chapters of this thesis, the agency of non-traditional students is particularly affected by a range of structural factors. For Gadamer, an understanding of the structural factors associated with status, culture and tradition is crucial to the creation of meaning and truth. Public health offers a way of interpreting the relationship between these structural factors and student agency, and through this, supports equity of opportunity in higher education.

A key structure affecting agency is gender. Within public health, gender is recognised as a social determinant that tends to disadvantage women and advantage men within patriarchal societies (WHO, 2010). A central objective of both feminist philosophy and public health, is the redress of this imbalance and the promotion of social justice for women. This relies on women's voices being heard and listened to. To achieve this, studies must embed a non-hierarchical, conversational approach in their interactions with women participants. These ideas are also important to Gadamer's philosophy, and are embedded throughout his tenets of language, conversation and consensus, the hermeneutic circle and the considerations of prejudices in the research process.

A strong alignment also exists between Gadamer's Hermeneutic Philosophy and qualitative research. Indeed, so strong is the alignment that Kinsella (2006) has describe hermeneutic philosophy as "a largely unacknowledged underpinning of interpretive qualitative research" (p. 2). Each sees reality as co-constructed and dependent on local contextual perspectives, such as history, time and culture (Annells, 1996; Dowling 2007; Kinsella, 2006). In both, knowledge is viewed as created rather than discovered; this knowledge only exists within the time constraints in which it is generated (Lincoln & Guba, 2013).

Practical measures to support credibility

The practical approach the researcher takes to the data collection and analysis is also important to a study's credibility. A transparent, honest and non-hierarchical method of data collection is necessary. A further strategy is the sharing of the researcher's personal information with participants' in the interview (Brooks & Hesse-Biber, 2007, pp. 1-24). This satisfies ethical requirements and facilitates an atmosphere of trust and reciprocity, in which participants feel safe to share the views and experiences they may have avoided discussing in less congenial situations. According to Denzin and Lincoln (2002; 2013), this is particularly important in qualitative research, where the close relationship between the researcher and participant may mean any expression of dominance or hierarchy may, in effect, silence participants. My study incorporates these strategies within interviews, providing a safe, respectful and empowering environment.

'Persistent observation', describes a situation where the researcher remains focused on the issue of importance long enough to enable a deep and nuanced understanding (Guba & Lincoln, 1989). The in-depth interviews used in my study, which usually lasted between one and two hours, offered the ideal environment for this to develop. Probes and prompts within this interview elicited deeper conversation and a more explicit and detailed understanding.

'Prolonged engagement' refers to the substantiality of involvement of the researcher with participants and with the data itself, to ensure the collection of the interview data does not cease prematurely, before a full and well informed picture of perspectives and experiences is gathered (Guba & Lincoln, 1989; Lavery, 2003). Data saturation is a common strategy used to ensure this outcome. As with other aspects of qualitative methodology, no single prescribed formula or framework exists to demonstrate data saturation. I adopted Bowen's (2008), advice, and included a transparent explanation of my own interpretation and application of the concept within the discussion of data collection and analysis procedures (Chapter 5).

Prolonged engagement during data analysis was enhanced through the use of the hermeneutic circle, in which an iterative back and forth 'play' took place between the participant conversations, the researcher's prejudices, and

theoretical perspectives on the subject. Ongoing analysis, undertaken as soon as possible after each interview, and before the next occurred, enabled full, ongoing and authentic immersion in the data as the study progressed. All interviews were conducted and transcribed by me, to ensure continuity of understanding and ongoing immersion in the text. The audio recording of conversations with participants provided me with a means of revisiting and rechecking the conversations after the event.

Member checking offers a further way of ensuring understanding, and is viewed by Guba and Lincoln (1989) as the most valuable way of testing the credibility of findings. The process involves checking the researcher's preliminary understanding of the interview conversation by sharing a draft of their interpretation of the conversation, or of the whole transcribed interview, with the participant. Geanellos (1998) raised questions around the applicability of member checking in Gadamerian-led studies, arguing the procedure goes against the Gadamerian view that meaning comes from the text itself and not the participant. Member checking, according to Geanellos, contradicts the meaning of the fusion of horizons of the researcher with the text itself. Dowling disagreed with Geanellos, stating such to and fro between researcher and participants is important to build further consensus and combine the two horizons (Dowling, 2007). Fleming et al. (2003) also supported returning to the participants with the transcripts and a summary of the first analysis of the discussion to further stimulate shared meaning. In my study, I have taken the view that returning to the participant provides valuable information and insight within the hermeneutic circle of data collection and analysis. Member checking has therefore been used to further clarify and discuss key points or areas of ambiguity of conversations with participants.

Expert checking, in which other researchers play a part in the analysis of the findings and work together to form a consensus of meaning is another strategy commonly used to support credibility. I did not however apply this approach in my study; instead I concurred with the view of McConnell-Henry et al., that "the only true experts are those who co-construct the findings: the participants and the interviewer" (2011, p. 32), and that for rigour to occur, each additional expert checker must also ensure their own reflexivity, being

open to her or his own biases. While disagreeing with Geanellos's (1998) argument against member checking, I agree with his stance that expert checking discounts the importance of the researcher's own authority and prejudices in data analysis, and is therefore objective and positivistic in nature, this being contrary to Gadamerian's hermeneutic philosophy. An acknowledgement of the limitations of a study is also important to its credibility as it demonstrates a critical awareness of the study's quality and the extent to which it has been able to answer the research question and sub-questions. This is undertaken in Chapter 5.

Dependability

Dependability, when interpreted as internal consistency of findings, is of lesser importance to qualitative than to quantitative studies (Conrad & Serlin, 2011). Similarly, the repeatability of findings over time is not regarded to be achievable within Gadamerian hermeneutic philosophy, due to the belief that experiences are dependent partly on the context of time and situation. Repeating a study with the same research design with demographically similar or even the same participants will not ensure dependability of findings (Gadamer, 1989).

Conrad and Serlin (2011) argued that although social science research cannot be replicated due to dynamic social contexts, the inclusion of a rationale for the chosen research design, an explicit and transparent description of the research process and any changes that occur during the process, are important to allow readers to consider similar approaches. It also allows them to understand the situational position of the study's findings more clearly. While the concept of replication is not a priority in my study, I have included an outline of the entire research design (Appendix 1) and an audit trail of the interview process, including the way it was enhanced as the study progressed (Chapter 5).

Confirmability

The confirmability of a study's findings depends on the demonstration of a consensus approach to data analysis. An important observation made by Koch was that nurse researchers who claim to be adopting an interpretivist approach to their studies often omit to develop consensus, instead bracketing

or excluding their own prejudices from the process of data analysis. Koch argued such researchers had, through this practice, become “unwitting positivists” (1995, p. 834).

The development of consensus, as it occurred within the hermeneutic circle, through the interplay of participant perspectives, the theoretical text and my prejudices, is demonstrated in the description of the study’s data analysis procedure (Chapter 5). Walsh (1996) proposed that bias can be limited in this process through the use of a hermeneutic, reflexive imagination. I have attended to this in my demonstration of personal prejudices in my researcher lens statement (Chapter 5), and my discussion of the motivation for the study (Chapter 1). Using a reflective diary, I recorded the way these initial prejudices altered throughout the study. Excerpts of this are provided in Chapter 5.

Confirmability is also dependent on the confidence that the findings offer an authentic reflection of the participants’ perspectives and experiences. De-identified raw data (for example, direct verbatim interview quotes) have therefore been used to illustrate this relationship within the discussion of findings.

Differences in perspectives, experiences and behaviours are to be expected in social research. As meaning is contextual, total consensus is not achievable, or necessarily desirable (Kinsella, 2006). Differences in participant perspectives have been described in the research findings (Chapters 7 and 8). Differences between my own perspective and that of participants is also shown (Chapter 5).

Transferability

As with dependability, the notion of transferability, that is the potential to relate findings to other populations and across time, should be approached with caution in qualitative research due to the unique nature of individuals and their social settings. It is not a goal of interpretive research as there is “... no intent to generalise, theorise or predict outcomes” (McConnell-Henry et al., 2011, p. 28). Transferability of findings from qualitative studies across broad disparate populations should therefore be avoided. Guba and Lincoln (1989) argue, however, that qualitative studies can be regarded as valuable within

comparable contexts. The careful and detailed noting and auditing of participant demographics and the research process have been undertaken in my study to improve transferability of meaning between populations that share comparable histories, and social and cultural backgrounds. The transferability of the study findings are discussed in Chapter 9.

Authenticity

It is necessary to acknowledge here, that while Lincoln and Guba's original framework (1985) is widely accepted in the qualitative research community, and is seen by some as the 'gold standard', it has nevertheless attracted criticism. This has mostly concerned the authors attempts to provide a direct comparison of the original four criteria of credibility, dependability, confirmability, transferability with the positivistic measures of validity, reliability, objectivity and generalisability (external validity) (Conrad & Serlin, 2011). This criticism led to the addition of authenticity to their 1985 framework (Lincoln & Guba, 1985) in their revised work of 1989 (Guba & Lincoln, 1989). This criterion considers fairness and social justice, enabling marginalised and minority voices to be represented (Conrad & Serlin, 2011). Social justice, fairness and equity are also goals of public health, the widening participation agenda and feminist research (Brooks & Hesse-Biber, 2007, pp. 1-24), and are important objectives underpinning my study.

Strategies adopted in other areas of the framework also support authenticity. For example, the just portrayal and representation of the participants' realities, shared as faithfully and honestly as possible, are enhanced by the inclusion of examples of raw data within themes (Polit & Beck, 2012). Similarly, the fair inclusion of voices are demonstrated through the use of member checking and the inclusion of diverse perspectives where they arise.

The criterion of authenticity is divided into ontological, educative, catalytic and tactical dimensions (Guba & Lincoln, 1989, pp. 248-250). Ontological authenticity refers to the way participants' experiences are expanded on to create meaning, which represents an "improvement in the individual's conscious experiencing of the world" (Lincoln & Guba, 1986, p. 1). This transparency has been demonstrated during the development of

consensus in the data analysis process, which involved a fusion of horizons of multiple sources of evidence.

Educative authenticity concerns the participants' appreciation of other views that may be previously unconsidered, or that may contrast with their own. The introduction of new prompts in the interview process has provided participants with the opportunity to do this.

Catalytic authenticity is explained as the way in which the findings of a study lead to pressure for social change, and tactical authenticity as the resultant actions to ensure this change. These two criteria will be addressed by the dissemination of my findings to researchers and academics concerned with the student experience, and the translation of the findings into practical ways nurse education can apply a social justice approach to support women nurse students who study while in an intimate relationship.

A detailed audit trail of the application of trustworthiness within the research method is supplied in Appendix 2.

Chapter Five: Data Collection and Analysis Procedures and Processes

Introduction

This chapter describes the study's data collection and analysis procedures and processes. It begins an introduction to the in-depth interview. The setting is described, ethical considerations are outlined and the participant recruitment process explained. A discussion is provided of the steps taken to create an interview environment which engendered trust and reciprocity, and promoted participant empowerment. The structure of the two interviews are then outlined, including the main questions and prompts. Practices to increase understanding during and after conversations with participants, including probes and member checking, are described.

The chapter then discusses the data analysis procedure relating to the 52 in-depth interviews, held in the second and third year of the participants' degree journey. The iterative relationship between the data collection and analysis processes and data saturation is described. This is followed by an explanation of the use of the hermeneutic circle to develop consensus, and the integral application of reflexive practice detailed. The shifting of my own horizons as researcher, and those of the participants, and the contribution of these changing views in the creation of meaning through the fusion of horizons is outlined. The chapter concludes with a discussion of the limitations of the study.

As in Chapter 4, I have written in places in the first person to clearly articulate my role as the study researcher, including my decisions, actions, interactions, thoughts and reflections.

Study Setting

The setting of the study was a large university in Western Australia. The university runs the largest pre-registration nursing course in the state. Graduation from this Bachelor of Science (Nursing) degree leads to eligibility

to register with the Australian Nursing Board and permission to practice as a registered nurse. Details of the three year degree are provided in Appendix 3.

The university attracts a comparatively high proportion of non-traditional students. Enrolment of LSES students is above the national average, with 2015 figures at 12.3%, compared to the Australian university median of 10.8% (Universities Australia, personal communication, May 4, 2018). SES data are not available at undergraduate nursing degree course level, however, ages of students are recorded. These reveal an upward trend in the percentage commencing aged over 20 years from 61.5% in 2010, to 68% in 2015. The percentage of male students enrolled in the degree reflect national figures, at 8.9% in 2012 and 9.2% in 2015 (Universities Australia, personal communication, May 18, 2018).

Ethical Considerations of Interview Process

Before human research can commence, it must demonstrate it satisfies the ethical issues of autonomy, non-maleficence, beneficence, and justice (Denzin & Lincoln, 2013). Participant autonomy relies on informed choice. Participants who responded to my recruitment efforts were sent an electronic participant information sheet and consent form (Appendix 4 and 5). If students sent a return email that indicated they were happy to proceed, I arranged a place and time to meet. Students signed a printed consent form at the start of each interview.

The informed consent process must also be voluntary. I had worked in the School as undergraduate nursing degree coordinator during the two years that preceded the study, during which time I had taught some of the participants. I was aware that these students may feel obliged to take part, influenced by the “dependent or unequal relationship” of a teacher and student (National Health and Medical Research Council (NHMRC), 2014, ch.4.3). To limit this possibility, I informed students that I no longer worked in the School. I also explained to students that there was no academic penalty associated with not taking part, or withdrawing at any time. I offered no incentives, other than a certificate acknowledging the students’ involvement in the research

study. This could be used as evidence of voluntary service, a portfolio of which was gathered by all undergraduate nursing students in their final year.

Ensuring privacy is necessary to minimise potential harm associated with being identified by specific data. As the study was interested in the women's intimate relationships, and issues concerning the School, this was particularly important. I took time to explain the concepts of anonymity and confidentiality with the participants, assuring them that their participation would not be disclosed to others and that pseudonyms would be used in any written materials, including publications. I also advised them that their recorded conversations would be destroyed after they were fully analysed, and written transcripts of interviews would also be disposed of within a maximum period of five years after they took place.

I anticipated that the nature of the topics discussed in the interviews may involve the recall of difficult experiences, such as stressful situations and relationship problems. I encouraged participants to tell me if they felt uncomfortable at any time during the interview. I also asked participants to contact me at a later date if they needed to discuss any issues arising from the interviews. I made each participant aware of the free student counselling services available on campus.

The concept of justice in research ethics includes the idea that any eligible individual interested in taking part in a study is able to do so (Denzin & Lincoln, 2013). The accessibility and acceptability of a study are therefore essential considerations. As many participants were likely to be mothers, the accessibility of interviews needed careful consideration. I offered a choice of locations for the interview; all but two participants chose my office, which was not located in within the Nursing School. The other two participants met me at cafés that were local to their homes.

I was aware of the limited time many students had on campus and therefore asked participants to select a day and time convenient for them. I worked with participants to ensure this was a time they had at least two free hours between obligations, to reduce time pressures during the interview. I

met participants outside the building to reduce any stress associated with finding an unfamiliar office.

The Participants

Participant recruitment

Recruitment activities took place once I had received ethical clearance for my study through the University's Ethics Board and permission to approach students from the Head of School for Nursing and Midwifery. The recruitment process was guided by the purpose of the study, which was to understand the range of perspectives and experiences of women who studied while in intimate relationships, and not limit participation to those who had felt this had inhibited or disadvantaged them in their studies. I therefore worded the recruitment materials carefully so that this more holistic understanding of the university experience could be achieved (Appendix 6). To maximise participation, I raised awareness of my study, using collaborative learning and communication platforms, such as Blackboard, email and the School Facebook site. I also posted paper flyers in clinical and non-clinical areas of the School.

I attended a number of core lectures to introduce my study in person. In these sessions, I provided students with further information, including the study's importance, its eligibility criteria, and what their involvement would entail. Although these sessions supported the processes of recruitment and informed consent, they also provided an opportunity to build rapport with potential participants, and to demonstrate my commitment to the study, and to their welfare. During these sessions I was also able to listen and respond to questions, one of which came from a student who raised concerns that the study was only interested in heterosexual relationships. I was able to explain the reasons for this in terms of my interest in gender relationships and the experiences of women students in such relationships with men. It also gave me the opportunity to acknowledge the lack of previous focus on lesbian, gay, bisexual and transgender students and the need for studies that considered their experiences in higher education.

The sample group

The sample was purposive. Twenty-nine women took part, all of who were, at that time, enrolled in the fourth or sixth semester (or part-time equivalent) of their Bachelor of Science (Nursing) degree. Students who were studying part-time were included, as were those who had deferred one or more semesters during their degree. Students who had begun their degree elsewhere and continued at the university in which the study was undertaken were also included, as were students following the shortened two year version of the same degree, a pathway often taken by enrolled nurses holding a diploma in nursing. All participants were students who began their studies while in an intimate relationship with a man (married or living in a de facto relationship), prior to their commencement in higher education. As the study was interested in the social, historical and environmental context of women in Western Australia, students on temporary, international visas were excluded from the study.

The In-Depth Interview

The interview environment

The primary purpose of the in-depth interview is to gather rich and meaningful data that are a true reflection of the participants' social reality. It was therefore crucial that the interview process empowered the women to share their experiences with me, fully and honestly. I therefore took a number of steps to build an environment of trust, collegiality and mutual respect.

I created a welcoming space in my office using comfortable furniture and personal effects, including family photographs. I moved desks and other physical barriers that may have created an air of formality or hierarchy in the interviews. At the start of each interview, I thanked participants for making time to contribute to the study. I took time to explain that the interview was an informal sharing of personal perspectives and experiences, rather than one where they were required to give correct responses to a series of questions. At the beginning of my first interview with Ruth, for example, I explained: "So this is just a chat, a conversation together, it's just about what's happened to you, there are no right or wrong answers".

The mutual sharing of experiences between the researcher and participant is important in the development of meaning (Gadamer, 1989; Oakley, 2000). During conversations with participants, I took the opportunity to share personal information about myself and some of my own experience of being a student, where appropriate. This reciprocity is illustrated in Michelle's first interview:

Michelle: Sometimes I've even like 'bugger it if I lose 20 marks I do not care', cause I'm not sitting here for five days putting a dot and a colon you know I think 'oh just take points off, um I don't care much'.

Me: And when you write for a journal, like I do, it's a different referencing system with each one!

Michelle: Oh my God!

Use of reciprocity and sharing demonstrated that I was truly listening to the participants' experiences, showing respect and encouraging further sharing in the co-construction of authentic meaning. I also used humour where appropriate to develop rapport and to reinforce the informal nature of the conversation and the non-hierarchical environment. Again, Michelle's first interview illustrates this.

Michelle: They don't want to speak to me... they just grunt.

Me: Yes I can see that definitely... I have an 18 year old boy too.

(Both laugh).

I ensured the interview involved true two way conversations instead of a one directional stream of questions and answers, the latter approach referred to as a “pseudoconversation” by Denzin and Lincoln (2008, p. 136). I made a conscious decision to adopt the role of a “passionate participant as facilitator of multivoice reconstruction” [of knowledge or meaning] in interviews (Denzin and Lincoln 2008, p. 112). Responding to participants’ stories in an authentic way was an integral aspect of this process, and is demonstrated in my response to Chantelle’s description, during our second interview, of her journey to her practicum placement following her relationship breakdown.

Me: How many hours is it, back up [to the practice placement]?

Chantelle: Four hours’ drive.

Me: Each way?

Chantelle: Yes.

Me: God, that’s unbearable!

Very occasionally, a participant questioned the importance of their own contribution to the conversation. In such cases I stressed the value I placed on hearing their own individual perspectives and experiences. One such exchange occurred in my first interview with Keturah:

Keturah: It’s just like I’m a statistic really?

Me: No it’s qualitative research, I only interview a small number of people. It’s really about your own experiences and what’s important to you, because everyone’s different.

Keturah also questioned the appropriateness of her detailed story about her decision to study nursing, apologising for its “long-winded” nature. Again, I reassured her, telling her that her story was important to hear.

Interview one

Twenty-nine women took part in the first round of interviews. Each participant had completed 4 out of the 6 semesters (or part-time equivalent) of their degree. (These interviews took place at the end of semester four or the beginning of semester five). This interview explored the women’s experiences from their decisions to commence their degree and onwards to their transition into the university. Conversations with each participant lasted between one and two hours. Participant demographics were usually gathered at the end of the interview so that the flow of open conversation was not interrupted by the list of these closed-response questions. Three main interview questions were introduced into the conversation. These were:

- Please tell me the story of your journey to university. What influenced your decision to come to university?
- Can we talk about your experiences at university and what you feel influenced these experiences?
- Can we talk about the main influences on your degree progression?

I introduced the idea of ‘progression’ early in the conversation, explaining that I was interested in factors influencing not only their successful continuation in their degree but also their ability to achieve to a desired level.

Throughout the conversation, I used prompts to introduce issues pertinent to the main questions, such as the consideration of potential factors (family, university and partners), on the participants’ university experiences. The importance and meaning of these influences were guided by the participant; this avoided the situation described by Hesse-Beiber (2007), where prompts lead the conversation into areas not perceived relevant to the participant.

I began my analysis of each interview before commencing the next. I introduced the issues and views that emerged from this process into

successive interviews through a series of additional prompts. An example of this was the idea of guilt. Not originally discussed by the first two participants, this was raised by Michelle and then by Lauren (participants three and four). Including these ideas in subsequent conversations was an important way to support authenticity in my study.

A new subject introduced by participants during their second interview was the upcoming graduate programme and future career plans. Although this was not an intended topic of conversation on my part, nor was it part of the study's original objective, it was an important area of discussion to many of the women. To gain a full and authentic picture, I introduced this as a new prompt in second interviews.

Prompts:

- Online/on-campus study and other university systems, processes
- Feelings of guilt
- Social integration
- Academic issues
- Division of household chores
- Times when leaving the course was considered
- Children as influences
- Changes in role as student/partner/mother
- Changes in relationships
- Personal change or growth
- Future graduate and career plans (Interview two prompt)

Interview two

The second round of interviews took place during the participants' final semester of study, from week eight onwards. Twenty-four women took part in a second interview. Twenty-three completed a face-to-face interview with me. The twenty-fourth (Jennifer) completed a telephone interview with me. Five women did not complete a second interview for various reasons. Maureen

emailed to say she was overseas, while Elise, Lauren and Beverley did not to respond to my request, and Ella emailed to apologise that she was too busy completing her final semester assessments and her eight-week practicum.

The second interviews enabled an exploration of experiences during the final two semesters, and a reflection of all past experiences over the course of the degree. This later interview occurred after participants had experienced both short and longer practicums. Changing experiences across these practicums were explored. Any changes in perspective across the degree journey were also discussed.

In these second interviews, I was also able to probe more deeply into areas touched on by participants in their first interview, and which in hindsight had proved a strong area of discussion with other participants and therefore required revisiting. In Rebecca's second interview, for example, I wanted to look deeper into her decision to wait until her children were in kindergarten before she started university, something which was also discussed in depth by later participants. I asked Rebecca:

So you said you waited until your kids were in kindy (kindergarten) before you started... Can you just talk a bit more about why you didn't do it before?

As the second interview took place when students were near the end of the degree, new experiences and changing perspectives were captured. As the women reflected back on their overall degree experience, they discussed their personal growth, altered perspectives and changing dynamics in their personal relationships. This information became an important part of the study findings, and is discussed in depth in Chapters 7 and 8.

As most of the women were approaching graduation at this time, the final stage of the journey was uppermost in their mind. Issues around this were common subjects of conversation. Although not a main focus of my study, or part of the original interview questions, many also discussed their future

graduate programme and career plans. This information is included in the findings (Chapter 8).

Developing understanding during the data collection process

While the emphasis of conversation shifted between interview one and two, the same strategies were used to support the creation of understanding across both.

Participants determined the weight of importance of the issues discussed in our conversations. They often led these conversation, prioritising the factors most meaningful to them, which was not always what I, as the researcher, had supposed or expected them to be. This, according to Denzin and Lincoln (2008) enhances the authenticity, or fairness of the study, through a true reflection of the voices of the participants in the co-construction of meaning. The process also supports the feminist principle of empowerment for women within research (Brooks & Hesse-Biber, 2007, pp. 1-24). An example of this was the strong focus on the practical and logistical issues facing participants who had separated from their partners. Frankie for example, emphasised the impact of her separation on her ability to progress at the very start of our first conversation:

I've had problems along the way with trying to get child care and stuff. There were a couple of times where I felt there wasn't enough support for single mums or married ones like trying to revolve around your husband's work and stuff...

While I ensured other issues were discussed, I did so in a sensitive and timely manner, allowing participants to focus most strongly on the issues important to them.

The in-depth interview provided a valuable opportunity to probe participants' opinions and perspectives, so that a deeper level of clarity and understanding could be achieved. An example can be seen in my conversation with Jennifer, in which she discussed the division of housework during the time she was both studying and working full-time.

Me: So was your relationship an equal partnership in terms of cooking, washing, cleaning all that kind of stuff?

Jennifer: Mmm, I think when you say equal... you're married.

Me: Can you explain what you mean... "I'm married?"

Jennifer: As a girl you tend to think ahead more than they do and do more than they do any way even if they are putting in the effort.

Me: As married people?

Jennifer: Well as a woman yes... You've got another half so...

Me: Yes oh yes so I do get that.

Jennifer: So even if you say equal in the home... really women do more.

I also summarised and reflected back my interpretation of the meaning of participants' situations and experiences, demonstrated in a conversation with Georgia about her perceptions of her partner's attitude to her study.

Georgia: He would pipe up, 'It's your choice you knew it was going to be hard you shouldn't have gone into it if you couldn't handle it'.

Me: So with him using terms like 'that's your choice', is it that he seemed to think it was not a joint venture, you getting a career,

and it was just you, he thought it was just you so that meant you would have to sort out the consequences on your own. Am I right or is that the wrong way of looking at it?

Georgia: No that's very much how it was.

Using probes, I also encouraged participants to talk in more depth about their experiences or perceptions. This led to richer, more nuanced conversation. Michelle, for example, described her frustration at not being able to devote enough time to the study of learning materials, saying:

I really wish I could get through it. I wanted to understand this situation and the reasons behind it.

To understand more about the situation I asked:

So just talk a bit more about why you can't do that?

Following each interview, I strengthened my understanding of the participants' experiences and perspectives using member checking. I shared a summary of my interpretation of our conversation with every participant, asking them to note if I had misinterpreted the meaning of our conversations in any way. All 29 participants took part in this exercise.

The member checking exercise resulted in four participants correcting or adding to aspects of my interpretation. These were all minor issues. Maggie felt that my summary was 'spot on' but I had misrepresented her feelings about her enrolled nursing practice, which I had said she did not enjoy. This was not entirely the case, rather, she had found it to be restricting and this had prompted her desire to take her RN degree. Michelle amended the ages of her children as 14 and 15 at the time of interview, not 13 and 14. She otherwise described my interpretation as 'perfect'. The remaining participants were

happy with my interpretation of our conversations describing it as “bang on” (Chantelle), and “that’s exactly how I felt” (Georgia).

It is in some ways also unhelpful, and somewhat artificial, to separate out the process of data collection from data analysis in qualitative research because of their iterative relationship: knowing when to stop data collection is informed by data analysis and the realisation of data saturation. The point of data saturation is difficult to determine in studies such as mine, which consider the complex and unique life experiences, history and interpretations individuals. Indeed, Wray, Markovic, and Manderson (2007) argue that such studies may never reach saturation. Of further relevance is the hermeneutic philosophy guiding my study, which acknowledges that the changing nature of human experience means it is not possible to achieve complete understanding (McManus Holroyd, 2007).

In an effort to balance prolonged engagement with a realistic and manageable approach to the situation, I chose to cease data collection after interviews with four successive participants provided no new information to support the creation of understanding. This point was determined through a careful and detailed analysis of new data against existing themes and subthemes.

Data Analysis

The 52 in-depth interviews generated a large amount of detailed information. NVivo 12 qualitative data analysis software supported the management of these data and their initial organisation into codes and categories.

Although the two participant interviews were conducted at two different stages of the women’s degree journey, the data did not fall naturally into two distinct time categories. It became obvious during the early stages of analysis that dividing this complex, interrelated and dynamic information according to its respective interview (one or two), was unhelpful and unnecessary.

Central to the data analysis process in hermeneutic research is the application of the hermeneutic circle, in which consensus of meaning is

attempted through the interplay between the participant's perspective, the researcher's perspectives and prior theory.

Although transcribed conversations typically provide the main part of the participant's perspective, other sources can be used to enrich this information, such as tone, silence, inflection and non-verbal communication such as body language (Fleming et al., 2003). Through the process of repeated listening of the audios, I noted within the transcribed text, the places where words were stressed, and instances of silence and laughter.

I studied this text using a circular process, reading the whole transcript and then moving to a detailed examination of words and sentences and back again. I then began to apply initial codes to phrases and sentences. As I transcribed successive interviews, I created new codes and added data to existing codes. In comparing and contrasting codes I developed and expanded subthemes. From this, I developed an interrelationship between subthemes overarching themes. I checked and rechecked the interview transcripts for the presence of further examples. This process continued over many months, both during and after the data collection period. Interviews were continually revisited to ensure the subthemes and themes remained an authentic representation of participants' experiences.

Koch (1995, p. 835), argued that in hermeneutic research, "understanding occurs through a fusion of horizons, which is a dialectic between the pre-understandings or prejudices of the research process, the interpretive framework and the sources of information". In my study, these horizons changed constantly throughout the research process, as more sources of information were added and as my own views and perspectives were challenged, altered and reinforced as a result of interactions within the circle. This process of viewing the findings from a range of angles and perspectives, led to an authentic and coherent understanding of the women's experiences at university.

Reflexive practice within the data analysis process

Omission of reflective practice by the researcher during data analysis results in an unchallenged and continued reliance on their own preconceived

notions, which in turn can “deprive the text of the opportunity to manifest its truth” (Geanellos, 1998, p. 156). Reflexivity therefore supports the credibility of the research findings. In the following researcher lens statement, I identify and critically examine the personal prejudices I brought to the study. I follow this with a discussion of the way these were challenged during the research process, and consider how this altered insight and understanding influenced the creation of meaning.

Researcher lens statement

Denzin and Lincoln argue that in order to incorporate the essential values of altruism and empowerment into qualitative inquiry, researchers must “be helped to understand the social, political, cultural, economic, ethnic and gender history and structure that serve as a surround for their inquiries” (2002, p. 115). In this researcher lens statement I identify and highlight such factors personal to me.

Denzin and Lincoln (2013) also propose that researchers in constructivist studies must be ‘reschooled’ or ‘resocialised’ away from their early understanding of the positivist paradigm, in order to understand the differences between the two. I find this to be an interesting and important point to begin my researcher lens statement. My high school education and first degree in biology meant I was schooled in a positivistic paradigm. My understanding of research and truth was centred in the natural sciences, and the search for objective truth with my honours degree focused on experimental laboratory research. Through this process, I developed a strong understanding of scientific principles and the importance of statistical methods of supporting or rejecting research hypotheses.

I began my nurse education two years after graduating from my biology honours degree. At this point, I was socialised into the belief that qualitative approaches were ‘soft science’ or indeed not scientific at all and therefore useless in providing meaningful information. The nursing course provided an opportunity to understand the value of qualitative studies in understanding human experiences.

At first, my idea of nursing was strongly medical, concerned solely with illness at the individual level. I initially doubted the importance of the holistic health model and the nurse's role outside the curative role, however by the end of the three year course, which included three months practice in a range of mental health wards and two months in community settings, I developed a deeper appreciation of the need to consider the whole person and extended family in my role as an effective nurse. In essence, this experience contributed to my own 'resocialisation'. This transformative experience led me to pursue a career in the area of public health community nursing (health visiting) in England, which was a highly autonomous role, based on the social model of health. My ten years practice in underprivileged communities helped me to understand the importance of family, culture, gender and social status as influences on health and the opportunity to make proactive, autonomous life-decisions. Prior to this role I had limited experience of working with diverse and socially disadvantaged communities. I was particularly challenged by my work with families from different social and cultural backgrounds. This was partly due the dissonance between my cultural beliefs and expectations and those of the families I worked with. Once I was able to challenge these beliefs and develop an understanding of the range of disparity of world views and human experiences that affected choice, opportunity and behaviour, my work became more effective and rewarding.

My career change to higher education involved the completion of a master's degree in health professional education. This led to my interest in the humanistic theory of teaching and learning. Many aspects of this theory, including its person-centred focus, and its promotion of respect and autonomy inform my teaching of adult students today. Importantly, I chose a qualitative, grounded theory approach in my master's degree research dissertation. This gave me the opportunity to fully engage with and understand the philosophy and importance of the constructivist paradigm of research as a way of understanding the human experience, which I found deeply enlightening and rewarding.

My perspective of gender has been influenced in numerous ways. As a woman growing up in the 1970s and 1980s, my own experiences of how

gender can limit life opportunities and shape experiences has been formed through day-to-day life experience, in particular through the attitudes of others, such as teachers who held sexist beliefs about girls' career abilities and my exposure to social events, pubs and clubs that restricted entry to women. Although my closest male family relations, my father and husband, held liberal gender role beliefs, the traditional gender role beliefs of extended family became evident when my continuation with my career and study was openly questioned and challenged once I became a mother, as was the equal role my husband took in childcare and housework.

Entering a highly feminised profession of nursing, in which male nurses often move rapidly to senior positions, reinforced my feelings of inequality between the genders. I believe an extreme example of my experiences of the influence of gender on life opportunities came from my work as a community nurse with women who experienced domestic abuse. This ranged from the control of a woman's finances, her right to go outside the home unaccompanied, and emotional and physical abuse. Despite working collaboratively with a number of effective community support services, these ongoing experiences, and my limited ability to help disempowered women, left a deep impression on me.

My career move to university lecturer in nurse education and public health has also informed my beliefs and biases. Here, further important experiences of the differences between gender life experiences occurred through my teaching with mature-age students in England and Australia. My experiences of the negative influence male partners had on female students' ability to progress in their studies and how this motivated my study is described in detail in Chapter 1.

My approaches to teaching and research today are influenced by my view of society as one which is essentially patriarchal, and by my belief in the value of redressing the imbalance of power for women in society. These feminist values also influence my relationship with my partner and our efforts to avoid gender stereotypical behaviour with our daughter and son. Of particular relevance to my study is my relationship with my partner during the three degree courses I undertook after our marriage. In the first two, the

responsibility of caring for our young children often shifted heavily to my partner to accommodate my study. In the third, which I began after the children had left home, housework and social activities were negotiated around study priorities and the time availability of each partner.

Reflection of prejudices

My reflection on my experiences relevant to my study and my perceptions and interpretations that I held at the start of the study process are described here. The purpose of this exercise is to identify and challenge these biases in the processes of data analysis and co-construction of meaning with participants.

In order to present a fair, authentic and credible picture of women's experiences in higher education, an awareness of the potential influence of this bias is essential. According to Gadamer, prejudices can enhance or inhibit the process of interpretation (Gadamer, 1975). Many of my prejudices could be viewed as positive factors. One such prejudice is the cumulative influence of my educational and workplace experience on my understanding of the complex and dynamic impact of society, history and in particular gender, on lived experience. A second positive is my understanding, built in part on my own education and research experience, that positivistic inquiry is not the only relevant path to understanding and truth. While I still respect the importance of positivistic research, I also see its limitations, concurring with Paley, who surmises, "... a positivist social science is obliged to reduce worldliness to a string of variables, each representing an aspect of the phenomenon being studied, and it can do no more than relate these variables to one another in a statistical equation" (Paley, 1998, p. 822).

My experiences of working with vulnerable women in the community and women students in higher education has resulted in a somewhat negative perception of relationships that can exist between women and men, including power imbalances. I am aware that if unchecked, this view may skew my approach to the research data collection, analysis and interpretation. A further potential influence is my culture and tradition, which interprets gender through a liberal, egalitarian lens. It is important that this perspective does not cloud my understanding of the expectations and desires of the women in my study,

who may have other ways of viewing their role or position as a woman in society and the family.

Changing horizons

Throughout the data analysis process, I kept a reflective diary, in which I recorded and reflected on my views, understanding and changing perspectives. This helped me proceed from a position of prejudice to a state of consensus of understanding and the creation of meaning. With each successive interview, I recorded my new awareness, some of which challenged and ran contrary to my initial assumptions. Reflecting on these prompted me to examine my own perspective from other angles, and to visit and revisit theoretical perspectives that could enhance my understanding of participants' situations, perspectives and social reality.

Two of my prejudices were challenged by this process. The first was my assumption that the participants would want, and expect to relinquish some of their responsibilities at home when beginning their degree; for many of the participants, this was not the case. The second centred on my idea of how a 'supportive' partner would behave. This often differed to the idea held by participants.

My conversation with Sherry, the first participant in this study, illustrates this dissonance of views. Sherry described how she had prioritised the housework throughout her degree, saying: "I have to vacuum first and then I will go and study". Her husband was unwilling to help with the housework. Sherry was unwilling to ask him to do so, feeling it was her role as the woman in the relationship. Sherry had been motivated to achieve high grades, but found that her ambition had been tempered by her duties as homemaker and parent, something she described as "normal life". Despite the impact of this 'normal life' on her achievement, Sherry described her husband as "really supportive" throughout her degree.

In my reflective diary, I recorded my feelings of surprise and initial lack of understanding of Sherry's views and behaviours, and my reflection and learning resulting from this process.

Diary excerpt

I am surprised how Sherry reiterates how supportive her husband has been, despite his lack of any domestic help at home. Although having high personal expectations as a student, she continues with her traditional roles as wife and mother, fitting her assignments around them, at the expense of her learning and grades. She doesn't see this as a sacrifice and is resigned to the impact this has on her achievement. Her belief that her decision to go to university must not impact on the family negatively in any way, is a particular surprise for me.

Personal reflection

Sherry and I hold very different views on what constitutes support in a relationship and what is expected from partners. My study is not however an exercise in judging or ascribing values to other's views and behaviours. Findings must recognise and describe participants' personal realities and views. Both perspectives are important to the study in the creation of meaning. The fact that I would regard Sherry's partner as unsupportive cannot mask or cloud my interpretation of Sherry's own perceptions.

I also need to consider why Sherry and I hold such different expectations and perspectives. It may be possible to think of this in terms of our different ideas around gender and gender norms of women and men and also the different traditions we hold, informed by our different past experiences of education, relationships with others and family life.

The in-depth interview is particularly valuable as a way to access hidden or previously unconsidered information held by participants (Hesse-Biber, 2007, pp. 111-148). In my study, our conversations, held in an environment of trust and sharing, resulted in many examples of this. These women began to

examine the reasons behind their perspectives and decisions during their university experience, often doing so for the first time. Asking Sherry, for example, why she was reluctant to ask for help in domestic work study prompted her to question this for the first time:

I think I haven't thought of it before but maybe it's because... it's my choice to do this....I haven't really thought about it till I said it there. It's only just occurred [to me] that that could be what I've done in that I've tried to make it that it doesn't impact on them. It's not something I've considered, but maybe I have, maybe I've tried to keep everything as it was before.

Paige also talked about 'her choice' to study, as the reason she avoided asking for help from her partner. Like Sherry, she came to a deeper understanding of this during our conversation:

I like to contribute, to be independent, I know I don't want to rely on anyone else, I suppose that might be what it is. ...I hadn't really thought of it before.

This dynamic, reflexive and iterative process formed an important part of the data collection and analysis procedure. A particularly valuable outcome of this process was the insight that was gained into participants' experiences of personal growth and changing perspectives during their degree, and the way these influenced their university experience. These experiences are discussed and interpreted in Chapters 7 and 8.

Limitations of the Study

Limitations exist in all research studies, and rigour demands their acknowledgement. The limitations of my study, their potential impact on its trustworthiness, and the attempts made to minimise their impact, are now discussed.

This study depended, in part, on participant's memory of past events and was therefore a potential limitation of the study. The study's information sheet (Appendix 4) was shared before the interviews took place, so that participants had time to reflect on their university experience and consider the issues important to them. It can be argued that the relaxed environment of the interview, and the opportunity to clarify meaning within these conversations may have played a further part in supporting recall. Member checking also offered an opportunity to re-examine and revise information shared during interviews.

The preceding discussion on 'changing horizons' highlights how the interview process itself sometimes influenced participants' perspectives by bringing previously hidden or unconsidered issues to the fore. This suggests that, in addition to their wider overall educational journey, the women's participation in this research may also be considered as an influence on their transformational learning experience. Although a potential limitation, this can also be regarded as a strength of the study, in that these discussions supported the educative authenticity of the research, and therefore its rigour (Chapter Four).

An understanding of participants' relationships with others formed an essential part of the study. This understanding was achieved through the participants' perspective only. Although this approach limited a full understanding of the relationship, it remained true to the aim of the study, which was to seek women students' perspectives, and not those of their partner or student peers.

The findings of my study were highly contextualised to the experiences of women within Western Australia, and to undergraduate nurse education. The social reality and university experiences of these women may differ significantly to those in different educational and social settings, and who study different academic disciplines. What can be transferred with some confidence are the key findings that the women's lived reality outside the university, in particular the social determinant of gender and the dynamic nature of the student experience itself act as crucial influences on women's university experiences, and their commencement and progression in their degree. It can

also be argued that the extended framework of student capital used in my research can be transferred to other studies interested in understanding the student experience in a holistic and authentic manner.

Chapter Six: Findings: The Participants

Overview

Chapters 6 to 8 report the findings from the 52 in-depth interviews with women who began their pre-registration nursing degree in a Western Australian university while in intimate relationships with male partners. Following Gadamer's hermeneutic philosophy, new insight is created from a deep and reflective interpretation of these findings (Gadamer, 1975). This new insight, provides meaningful answers to the research question and sub-questions. This first of the three findings chapters answers the sub-question: what are the sociodemographic characteristics of this group of women?

The chapter begins with a summary of the women's socio-demographic details. This level of information, previously shown to be unavailable in the literature (Chapter 2), is an essential basis on which understanding can be created of the university experiences of women university students who study while in an intimate relationship.

The sociodemographic status of the individual student is provided, including their first generation status, age at commencement and their Socio-Economic-Status (SES), this latter demographic determined by the Socio-Economic Indexes for Areas (SEIFA) measure, and by the participants' own and their family's educational and occupational background. Other sociodemographic information pertinent to the study is presented, including student migrant status and other family information. This reveals the participants fit into a number of non-traditional, as well as equity target categories.

An interpretation of this information is then offered, which provides a deeper insight into who these women are, and their potential vulnerability as university students who belong to multiple groups of at-risk students. These findings also provide an essential first step in understanding the findings in Chapters 7 and 8, which focus on the experiences of nurse students in intimate relationships and the influences on their nursing degree experience. A table of

participant and family socio-demographic information is provided in Appendix 7.

Participants' age on commencement

The participants' age on commencement of the nursing degree ranged from 19 to 48 years old, with a mean age of 34.5 years old (Figure 1). One began as a school-leaver at the age of 19 years. The other 28 participants (97%) were aged 20 years or over, a group referred to as mature-age by Bradley et al. (2008) and by McKay and Devlin (2014), and classed as such in my study. Twenty-two (76%) were aged 25 years old and over. Albeit limited, the available information on the age of commencing undergraduate nurse students in Australia was estimated as 59% aged over 20 years by the Council of Deans of Nursing and Midwifery (2008) and 49% aged 25 years old and over by Gaynor et al. (2007). The comparatively high average representation of older students in my study reflects the popularity of nursing with such students at the university and throughout nurse education degrees across Australia. It is also likely to be strongly influenced by the purposive selection of participants who are in intimate relationships.



Figure 1. Participants' age on commencement

The intimate relationship status

All participants began university either married (59%) or living with (41%) their male partner. The average length of these relationships at degree commencement was over nine years. Twenty-two couples (76%) had children. Towards the end of the degree, eight women had separated from their partners; seven of these women were the first person in the intimate relationship to go to university. This finding is discussed in detail in Chapter 8.

Participants' children

Twenty-two of the participants (76%) were mothers of dependent children when they began their degree. All of these mothers studied with at least one child living at home. Eight participants had one or more pre-school age children and 13 had at least one school age child. Figure 2 provides a summary of the age ranges of participants' children. For participants with more than one child, the age of the youngest is shown. Ages are grouped into: pre-school age children (approximately under five years old), primary school age children (approximately five to 11 years) and high school age children (approximately 12 to 17 years). Adult children (age 18 plus) who live at home are also shown.

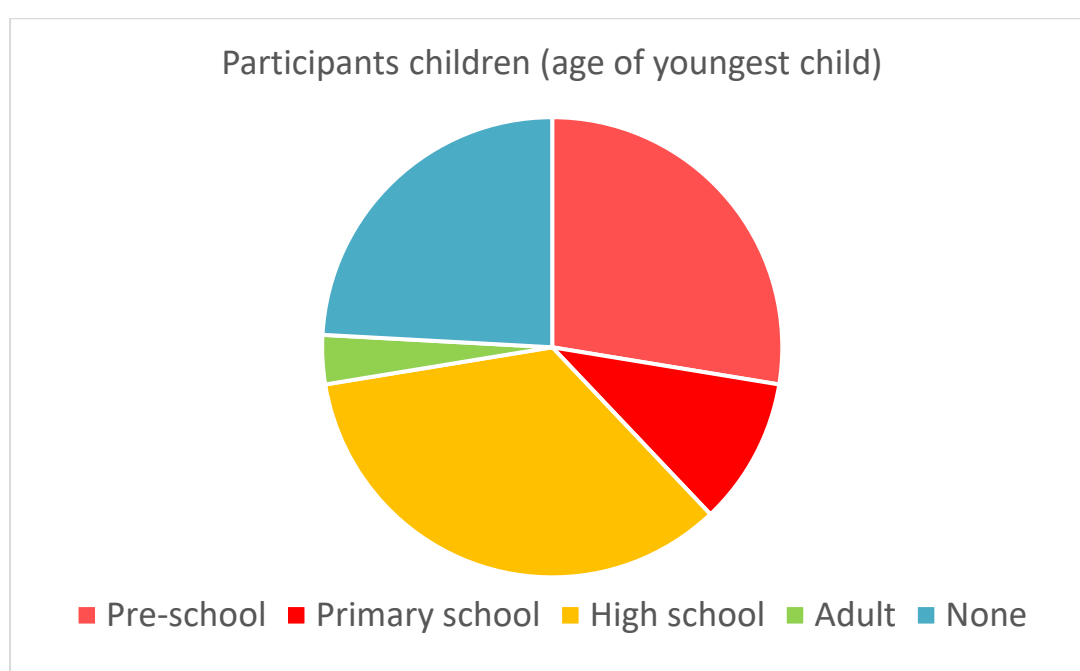


Figure 2. Participants' children

Participants' country of origin

Figure 3 shows the participants' country of birth. Nineteen were born in Australia, however none identified themselves as Aboriginal or Torres Strait Islander people. This reflects the underrepresentation of Aboriginal and Torres Strait Islander people in higher education in general, with the ABS (2013b) revealing that in 2011, despite representing over 3% of the general population in Australia, only 1% of university students identified as belonging to this group. The other 10 participants (34%) were permanent migrants to Australia. All the participants had lived in Australia for a minimum of four years before they began their degree and had either Australian citizenship or permanent resident status. The participants therefore had a commonwealth supported place, their fees subsidised by the Australian Government.

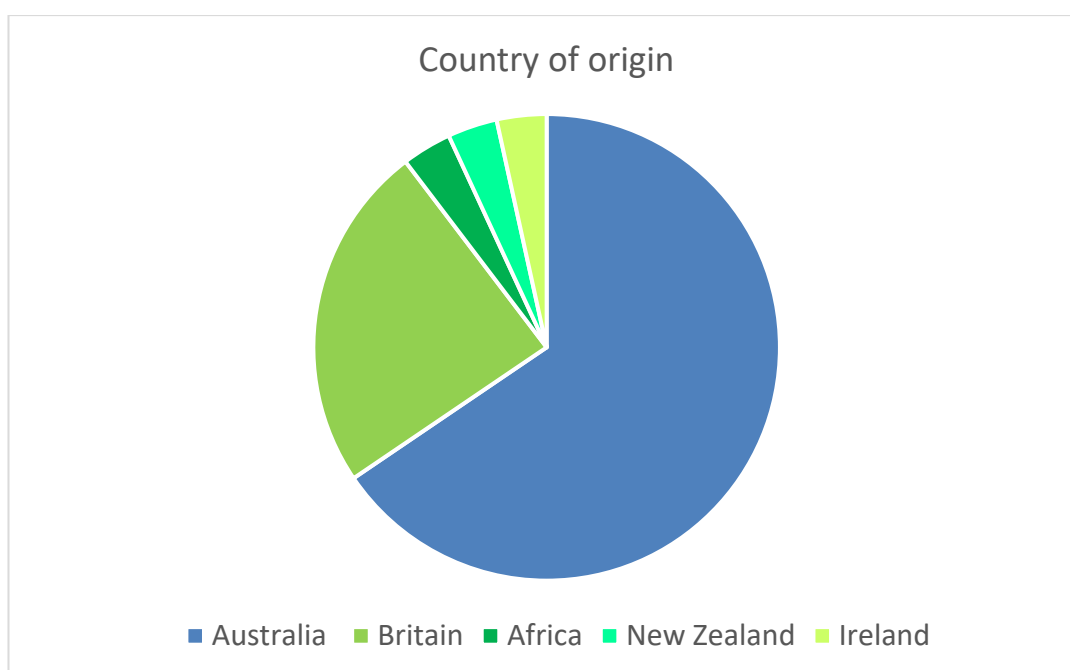


Figure 3. Participants' country of origin

Participants' entry onto the degree

Figure 4 shows the various entry routes taken by the participants. Most (86%) accessed the nursing degree course using non-traditional university entry credentials. Only four (14%) applied using high school tertiary education exam qualifications, doing so a few years after leaving school. This is in

marked contrast to undergraduate students in Australia in general, where 60% enter this way (Cherastidtham, Norton, & Mackey, 2018).

Four participants used previous higher education study qualifications and six used higher vocational study qualifications. Many had not studied after leaving school, or had studied a vocational course at a level that was not recognised by the university. The most commonly used qualification for these participants was the university's own preparation course (UniPrep), a taught and assessed course in mathematics, English and other study skills, completed over six months. Five participants submitted a portfolio of prior learning and life experience and three took the special Tertiary Admissions Test designed for students aged 20 years and over.

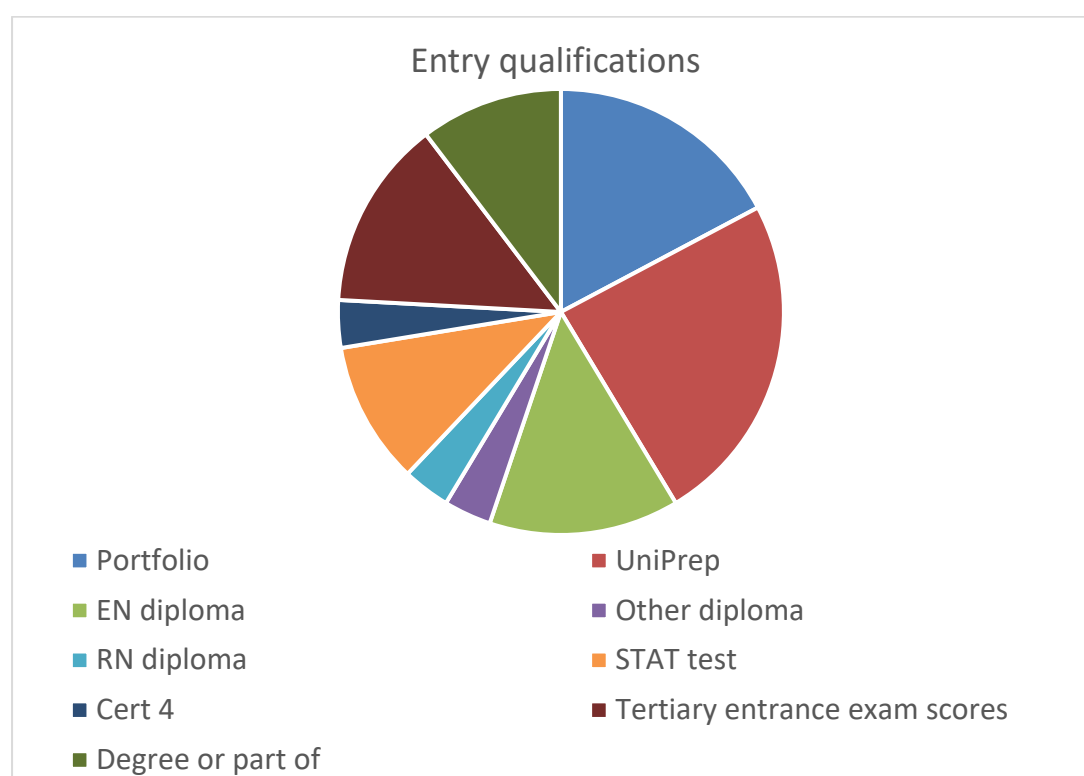


Figure 4. Route of entry

Participants' study pathway and employment

Figure 5 shows the combination of study hours and paid work participants undertook at commencement of their nursing degree. Part-time study was chosen by 11 of the participants (38%), representing more than twice the average of Australian undergraduate students who study this way

(Cherastidtham et al., 2018). This was more common among women with younger children, something also found in part-time students in general in Australia (Cherastidtham et al., 2018). These participants completed their degree in more than the full time-period of six semesters (two per year, over three years) for those taking the full BSc, more than four semesters (over two years) in the shortened degree for students holding an EN diploma, or more than two semesters (in one year) for the single student who already held an RN diploma. Most commonly, participants following a part-time pathway studied for their degree over 8 to 10 semesters, with one completing in 12 semesters.

Twenty-two participants (76%) in total commenced their degree while in paid employment. Of these, 18 worked part-time hours and four worked full-time hours. The average hours worked was 23 per week.

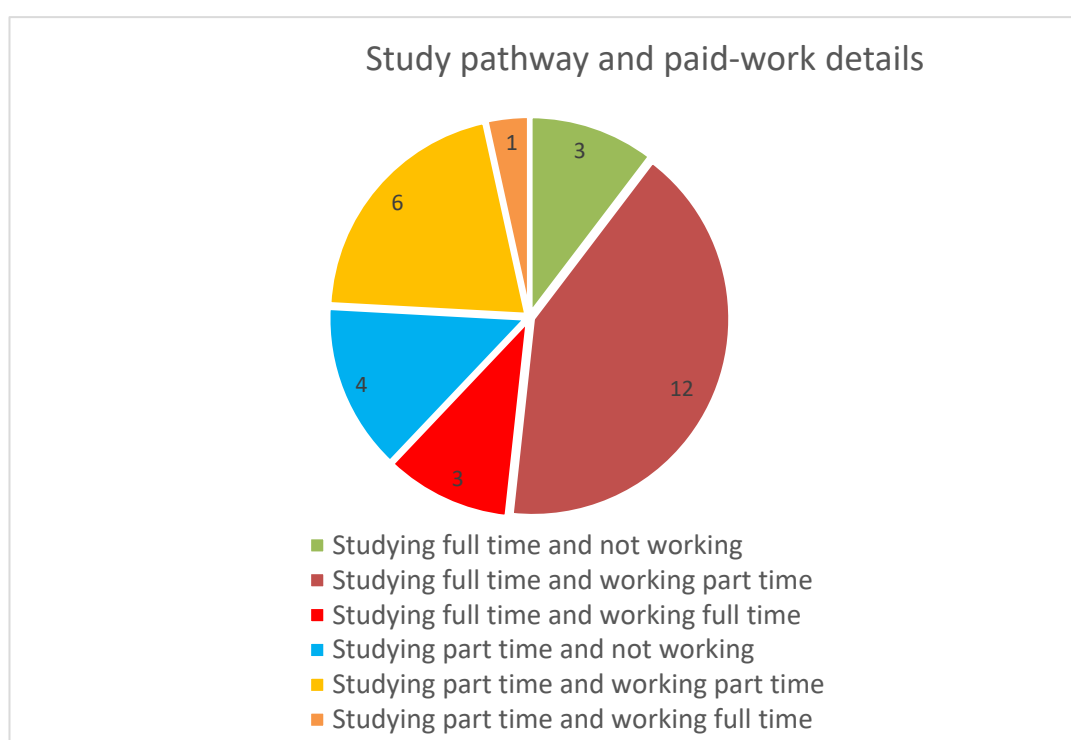


Figure 5. Study pathway and paid work

Participants' socioeconomic status

Universities classify the SES of their students using the Socio-Economic Indexes for Areas measurement (SEIFA), in particular, the Index of Education and Occupation (ABS, 2013a). This measure categorises students

as LSES if they live in neighbourhoods that are rated in the lowest 25% (Bradley et al., 2008). These measures however do not consider individual or family backgrounds, but refer to the average score of households within a geographical area (ABS, 2013a). Using SEIFA, only one participant (Marla), was classified as living in a LSES area. Evidence from Dockery and Barns (2005) and the DET (2015a) suggest this is lower than the average figure for undergraduate nursing students. Taken in isolation and without more detailed interpretation, this contradicts the research evidence that nurse students and mature-age women students in general, are typically from a LSES background (Baik et al., 2015; DET, 2015; Engle & Tinto, 2007; James et al., 2010). However, the following analysis of individual and family educational and occupational data, reveals a different picture of socioeconomic status.

Educational background of participants, partners, parents and siblings

Educational background has been categorised in this study as: no post school study, further vocational study or training, and higher education study. The educational background of the participants across these categories varied. Six had undertaken higher education study previously, with two achieving a bachelor degree and one completing a diploma at a UK university, which is equivalent to an associate degree in Australia. The remaining three did not complete their university courses. In total therefore 21% had studied at university and 10.5% achieved higher education qualifications before they began their nursing degree. Twelve (41%) further participants had studied a vocational, further education course, and 11 (38%) had not undertaken any formal further study following school.

Figure 6 presents a breakdown of the number of participants who were first-generation and first-in-family. The great majority of participants (93%) were the first generation in their family to attend university, with 27 being brought up in a family where neither parent had gone to university before them. The definition of first generation applied here is one where neither parent has studied at degree level, irrespective of whether they completed this study (Ward et al., 2012). As highlighted in Chapter 1, data are not routinely gathered for first generation students across Australia and no figures exist for nursing; this means a direct comparison of the proportions who are first generation is

not possible. However, an analysis of data from one Australian undergraduate study of students across a range of disciplines reveals a much lower representation of first generation students across all disciplines. This national study reported that 29% of non LSES students (around 85% of students in total) were first generation, and around 46% of LSES students (15% of students in total) as such, making 32% of undergraduate students first generation (James et al., 2010). Taking this figure as an estimate, the representation of first generation students in my study, at 93%, was particularly high.

Widening the definition of first generation to first-in-family is achieved through the inclusion of the prior higher educational experience of students' siblings as well as parents (Thomas & Quinn, 2007; Ward et al., 2012). In my study 23 participants in this study (79%) were first-in-family, with four students having siblings attending before them in addition to the two having parents doing so. As with first generation, data for first-in-family students are not available for undergraduate nursing in Australia. The two single-site Australian studies of cross-discipline undergraduates described in Chapter 1 however identified 50% as first-in-family (McIntyre et al., 2012; Shanahan et al., 2011), again much lower than the 79% in my study. The inclusion of siblings and parents' educational status within the definition of first-in-family in these national surveys positions the undergraduate as a young adult, still under the influence or care of parents and residing in the family home. In an attempt to increase the relevance of the first-in-family status to the women in my study, the educational background of other family members have been considered. Most crucial to my study was the educational experiences of partners. This approach, recently taken by O'Shea, May and Stone (2015) and by Stone and O'Shea (2019) reduced the number of first-in-family students in my study by six to 17. The second family member considered in the first-in-family definition was the participants' older children. This reduced the number of first-in-family participants further to 13 (45%).

Partners higher education experience was similar to participants, in that six (21%) had undertaken higher education study. However, unlike the participants, all six had completed their courses. Four partners had no post

school study and the majority (19) had studied a vocational, further education course. It is difficult to make wider comparisons with these data, as no national recording of students' and partners' prior qualifications on entering university exists. What is important to note however is that most of the participants were in relationships with partners where neither had experienced higher education before they began their degree. The majority of participants (79%) therefore became the first person in their intimate relationship to go to university when they began their nursing degree.

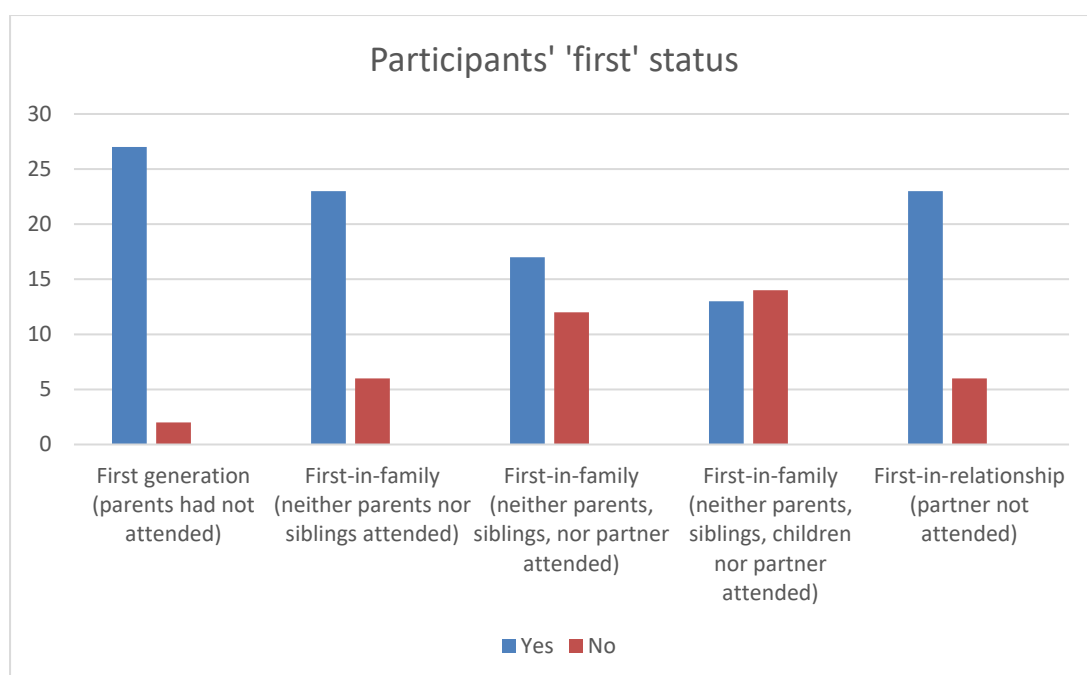


Figure 6. First generation/ First-in-family status

Occupations of participants and partners

Occupational status is a further indicator of socio-economic status. For the sake of confidentiality, precise employment and other details that may enable identification of participants and their partners are not disclosed here. Instead, the Australian Standard Classification of Occupations (ASCO) has been used to organise the employment of participants and partners into major skill groups (ABS, 2013c). These groups are based on the skills required for the occupation, including the level of formal education and training required for the job. These skill levels are:

- level 1: managers and professionals, including registered nurses;;
- level 2 (associate professionals, including enrolled nurses);
- level 3 (tradespersons and advanced clerical and service workers);
- level 4 (intermediate clerical, sales and service workers); and
- level 5 (labourers and elementary clerical, sales and service workers).

Using this classification system revealed the participants were commonly employed in lower skilled occupations before they began their degree. Despite six (21%), previously studying at university and three of these graduating with a bachelor degree or diploma, none worked in management or professional positions (level 1). Instead, 11 (38%) worked in associate professional positions (level two) in jobs that included enrolled nursing, defence work and the police. Three (10%) worked in advanced clerical, service or tradesperson occupations (level three). The most common skill level was level four (intermediate skills level), with 13 participants (45%) employed in work at this skill level. This included ancillary positions in health and education, or office and administration roles in retail and the service industry. Two participants (7%) did not provide sufficient information to determine occupational skill level.

Unlike the participants, five (17%) of the partners were employed in professional and management positions (level 1). Level one positions included accountancy and finance work, engineering, senior management and a registered nurse. Two partners (7%) worked in associate professions (level 2), these were a police officer and a health and safety officer. Like the participants, however, the majority worked in mid to lower skilled positions. Twenty (69%) worked as tradespersons (level 3), including an electrician and apprentice electricians, scaffolders, skilled mining workers, panel beaters, a firefighter, a plumber, and an occupational health worker. One worked as a labourer (3.5%) (skill level 4). One partner was studying for his PhD while working full-time in paid employment; information about this paid work was not gathered.

The most common situation in my study was one in which participants began their degree in relationships where both had similar prior educational

experiences and overall, similar occupational statuses. In attaining a degree, and commencing a career in nursing, however, the participant would assume a higher occupational and educational status than her partner in the majority of these relationships.

Key Insight

The findings in this chapter offer important new insight into who these women are as university students. An awareness of their socio-demographic student status informs an understanding of their, and their families' traditions, and therefore the authority they bring to their university experience. Gadamer argues this is a crucial component in the creation of meaning (1975). Understanding the social reality of individuals is also key to this study, which in applying a public health perspective, recognises the relationship between social status and equity of opportunity and outcome.

Sociodemographic student status, lived reality and equity of opportunity

All the women in my study could be described as non-traditional students, with none beginning university as a school-leaver, and with over 75% doing so aged 25 years old and over. Historically, this student group has lower retention rates than those aged under 25 years, both nationally, and within the university in which my study was conducted (Edwards & McMillan, 2015; Universities Australia, personal communication, May 18, 2018). The commencement and continuation behaviour of mature-age and other non-traditional students in higher education are known to be particularly influenced by factors external to the university (Devlin, 2013; Jeffreys, 2012; Plageman & Sabina, 2010; Thomas & Quinn, 2007; Ward et al., 2012). These external factors were very much in evidence in my study. Most participants began their degree as students with a number of competing responsibilities. The majority worked in paid employment, with full-time pathway students working more hours per week than the average for Australian full-time undergraduate students. All held family responsibilities as partners or wives. Most had dependent children, 21 with pre-school or school age children.

As women with limited recent participation in education, the majority relied on entry to university through non-traditional means. These students are generally at higher risk of attrition than those entering with traditional tertiary entry qualifications (Cherastidtham et al., 2018). National data for 2015 indicated undergraduates entering via high school university entrance examination qualifications had 82% retention, compared to 76.1% for those entering using tertiary college (TAFE) qualifications, and 79.1% for those using 'other' means (Universities Australia, personal communication, May 18, 2018). A similar disparity in retention was seen at the university in which the study was undertaken (P. Hayes, personal communication, May 4, 2018).

As women with competing external responsibilities, it is unsurprising that many participants studied on a part-time basis, doing so at twice the national average rate for Australian university undergraduate students (Cherastidtham et al., 2018). According to Cherastidtham et al. (2018), part-time study is a further factor that increases the risk of student attrition. National university data support this disparity, with 2015 figures showing part-time undergraduate student retention as 63.7% compared to 84.4% for full-time, with the university in which the study took place having similar disparity (Universities Australia, personal communication, May 18, 2018).

Cherastidtham et al. (2018) found part-time students were more likely to leave because of 'family responsibilities', 'study/life balance', 'workload difficulties' and 'paid work difficulties'. In my study, however, both full and part-time students undertook paid work and had family responsibilities. Therefore, seeing part-time students as more vulnerable may not be applicable in my study, indeed the reverse may be the case.

National data that use SIEFA criteria to measure SES reveal that nursing students are commonly from low socioeconomic status (LSES) backgrounds (DET, 2015). This was not the case for the women in my study. This may in part be explained by the women's almost universal mature-age status. In entering university later in life and with a partner in full-time employment, these women have had greater opportunity to develop financial security and therefore live in a more financially advantaged neighbourhood. Arguments exist however about the usefulness of using geographical area

when ascertaining a student's SES because of its lack of sensitivity (Devlin, 2013; James, 2002; McKay & Devlin, 2016). It is difficult to predict a student's individual financial difficulties, or how they will alter during the degree using this measure. Women in an intimate relationship may, for example, experience higher financial burdens associated with their housing and family responsibilities than their school-leaver contemporaries, who are likely to remain supported by their parents' throughout their degree.

Recognising the SEIFA to be an insensitive measure of social status, Dockery et al. (2016) turned to other indicators of LSES students in their study of school-leaver entrants to Australian universities. Because of the important influence of "parental or household values" (p. 1697) on young students' educational experiences, they instead considered parental educational and occupational status. In my study however, for older participants, and those who had been living with partners for some years, the educational and occupational background of their partners and post school-aged children were arguably more important than their parents'. Together, these data demonstrated the women in my study tended to be from a Low-Socioeconomic-Status, a finding which agrees with the available evidence of nurse students and mature-age women students in general (Baik et al., 2015; Engle & Tinto, 2008; James et al., 2010).

This data also revealed new information regarding the first generation and first-in-family status of participants. The vast majority were first generation students, at 92%. While not easily comparable to other Australian nursing data because of the lack of government interest in first-generation students as a student equity group, the figure is much higher than the 50% reported by Shanahan et al. (2011) and McIntyre et al. (2012), in their respective single site studies of university entrants across all disciplines (Chapter 1). The findings also add credence to the suggestion by James et al. (2010), that health degrees typically attract first generation students in Australia.

The impact on commencement and continuation for students identified as first generation has been widely recognised, particularly in USA literature, where an associated lack of relevant cultural capital has been found to have a detrimental effect (Thomas & Quinn, 2007; Ward et al., 2012). Applying an

interpretation of first-in-family status in my study, which included the educational status of siblings, partners and children, as well as parents, revealed 45% had no family members with an experience of higher education. For these women, familial social networks who could guide and support them at university were likely to be particularly limited.

The central factor that distinguishes my study from others that explore women students' experiences, is the fact that all were part of an intimate relationship with a male partner. Albeit limited, the evidence on the experiences of these women at university (Chapter 2), places partner support as a key factor of influence. Most partners held mid to low occupational and educational positions. Men with lower occupational status employment and educational achievement have been found to offer less support to their women partners at university (Scott et al., 2006). This may be an important influence on the participants' university experiences.

Men and women with lower educational status have been found to have more traditional ideas of gender roles within female-male relationships (Baxter, 2014) (Chapter 3). This may influence the distribution of domestic work during the degree, and therefore the capacity for the women to study. In addition, it is likely that the women in my study would, on graduation, achieve higher educational and occupational status than their partners. This may have implications for the women in my study, with male partners in previous studies described as threatened by changes in the perspectives and priorities of their female partners (Howard, 2002; Kevern & Webb, 2004; O'Shea, 2014; O'Shea & Stone, 2011; Vaccaro & Lovell, 2010).

An overall analysis of the socio-demographic status of these women demonstrates that they arrived at university in a potentially vulnerable position. Most notably, the first generation and LSES students in my study began with little personal understanding of higher education, and with limited access to knowledgeable support networks. While this information provides some insight into the potential issues facing these women, the main aim of the study is to understand the women's experiences from their own perspective. Chapters 7 and 8 build on these findings to provide a deep interpretive understanding of the women students' experiences at university.

Chapter Seven: Student Capital as a Holistic View of the Nurse Student Experience

Overview

In this chapter, a reconceptualised understanding of the women's university experiences is presented. This takes a holistic and temporal view of the influences on this experience, through the lens of student capital.

The study's public health, whole of student approach has revealed how the women's lives within and, more importantly, outside the university, including their traditions, history and culture, acted as a complex and interdependent set of factors shaping their university experience. The concept of human capital, a resource associated with this diverse set of factors (OECD, 2017) (Chapter Three), is used to organise and explore these findings (Table 5). Contextualised as student capital, this framework includes economic, cultural and social capital, all of which were described by Bourdieu and Passeron (1977) and Bourdieu (1986) in their work on the role of the education system in the reproduction of social inequality. Other dimensions of student capital, first described by Yosso (2005) and O'Shea (2016a; 2016b) are also included.

The chapter begins with a detailed discussion of the influence of these dimensions of student capital on the women students' university experiences and their fluctuating importance and availability over the duration of the nursing degree.

As in Chapter 6, a deep interpretation of these discussions is then presented as key insights. These insights reveal the multidimensional influence of student capital on the university experience. This approach demonstrated how the women's lived reality placed her in positions of vulnerability and also in positions of strength throughout their degree. These insights also demonstrate how student capital is a dynamic and fluid resource, its availability altering throughout the university experience. The factors influencing this changing availability are also revealed.

The Dimensions of Student Capital

Table 5 outlines the dimensions of student capital important to the participant's university journey. It also provides the themes under which each dimension of capital is discussed. These dimensions are often inextricably linked, reflecting the complex and interrelated nature of students' lives. For example, sources of student capital, be they the participant's partner, parent, child or student peer, are discussed within a number of dimensions. However, their contribution to these different dimensions varies. Parents, for example, are a good source of familial capital following participants' degree commencement, offering emotional support, and to those participants who separate from their partners during their degree, domestic support. They are also an important source of economic capital for separating participants. Parents are however, poorer sources of social capital, their own lack of higher education experience limiting their ability to offer guidance and networking opportunities within the university.

Table 5. Dimensions of student capital framework

Dimension of student capital	Themes
Cultural	Parental influences on early educational decisions
	Preparedness for the student role
Social	Family sources of social capital
	Practicing nurses and midwives as catalysts of commencement and agents of professional socialisation
	Student peers as networks of belonging
Economic	Partners' income as a financial resource
	Paid employment and the unpaid practicum
Aspirational	Aspiring for something for themselves
	Nursing as an end goal
	Academic achievement and the development of a student identity
	Emerging aspirations of a better future for their children
Navigational	Early investment in the student role
	Rationing academic and social engagement
	Sacrificing personal achievement
Experiential	Nurses in the family, working with nurses and being nursed
	Life experience and personal maturity
	Cumulative clinical experience
Familial	Partners as sources of support
	Parents as sources of support
	Children as sources of support
Resistant	Overcoming unhelpful perspectives
	Overcoming the challenge of the intimate relationship breakdown

Cultural capital

Cultural capital is described by Bourdieu as norms and ways of knowing, on which an individual can draw to succeed in society. For university students, possession of cultural capital that is congruent with that of higher education is especially important (Bourdieu, 1986). For the first generation women students in my study, growing up in a family in which parents had not attended university meant they had limited cultural capital, or possessed it in a form that was not recognised by higher education. This had an important

influence on their decisions to delay their nursing degree until later in life. Its effects also permeated into the early stages of the degree, which the women found unfamiliar, confusing and confronting.

Parental influences on early educational decisions

Parental education had an important influence on the participants' early career decisions. Twenty-seven of the 29 participants were first generation students. Only four of these participants had begun a previous degree at university at the time they left school, with just one (Candice) progressing to completion. In contrast, Kim and Judy, the only participants with graduate parents, both went to university as school-leavers. During their interviews, participants who were first generation students often recalled how their parents' attitudes towards higher education had strongly influenced their decisions on leaving school. Keturah relayed a commonly shared experience:

Dad didn't get it, dad was kind of 'don't do it'...no-one's educated in my family... so maybe that's the sort of thing that was 'why would anyone go to uni?'

Many of these participants described their parents as dismissive of higher education. Maggie, for example, told how her mother, a hospital trained nurse, questioned the relevance of university in preparing nurses for practice, asking her:

'How are you going to learn to be a nurse? You should be out there doing the bed pans and the sluice room'.

Parents often questioned participants' academic ability. Anne's mother, for example, dissuaded her from applying to university, doubting she was clever enough to succeed. Participants often recalled how their parents had instead encouraged them to take employment on leaving school, or to pursue occupations that did not require a degree qualification.

Participants described that, as young adults considering their futures, their perspective of higher education often reflected their parents', in that they neither valued it as a potential option for themselves, nor believed they had the aptitude to succeed. Some also questioned their belonging at university. Maggie, for example stated:

People like me, a daughter of a post lady and market worker,
don't go to uni.

Together, these issues of family history and tradition played an important part in the participants' rejection of the possibility of continuing their education at university, at a stage in their lives usually associated with this next step.

Preparedness for the student role

Whilst few participants had taken university entry examinations when in high school, none felt this had been a barrier to their entry onto their degree. Most used alternative qualifications, which were readily accepted. Sherry, who secured a place through her submission of a portfolio of prior life experience, recalled:

There was no problem with me getting into university when the
time came ... there were no hassles with that.

In contrast, the period following commencement was highly challenging as the women found themselves in an unfamiliar environment. Rebecca's description of the university as "initially foreign", and its expectations and systems as "another language", illustrate a commonly shared experience.

A lack of familiarity with the academic environment presented a particular difficulty. Most had not studied since they were in high school, often between 10 and 20 years ago. Chantelle, who left school more than two decades before she began her degree, described how her early academic work had been a "huge challenge".

An insufficiency of academic literacy skills that is the “critical thinking, reading, writing, speaking and listening skills required by a scholarship community” (Chu, Perkins, & Marks, 2012, p. 77) presented an early barrier to understanding academic expectations. Also referred to as ‘academic discourse’, academic literacy is intrinsically linked to academic success (McKay & Devlin, 2014). Participants described how early written assignments were particularly challenging. Sherry had left school thirty years before going to university, during which time she had not undertaken any further study. She shared her early experiences of academic work:

I didn’t know what academic writing was all about...Oh, the first assignment I wrote was just dreadful... I hadn’t written an assignment in so many years, so it was a bit ‘what the hell?’

A lack of proficiency in understanding academic language and searching for, interpreting and referencing evidence was particularly common amongst the women in my study. Chantelle had never encountered referencing before. For her, the expectation to learn this system had been “a huge shock”. Participants also experienced uncertainty in their prioritisation of learning and assessment tasks. A commonly discussed example was the management of the reading list. Keturah explained:

Definitely in the first semester, I tried to do every single thing, and every single reading. Then you work out that you can’t do that...but you don’t know, you have no idea.

Academic skill support and guidance was rarely offered in the classroom. Brenda was the only participant who recalled a situation in which a tutor had attempted to offer students guidance around learning processes and expectations, dedicating part of his class to an explanation of the ‘reading list’, its purpose and how to use it. Brenda described this information as “invaluable” to her early ability to manage her academic work.

This lack of embedded support meant the participants had to spend many additional hours outside the classroom in activities intended to develop student skills. In the early weeks of the degree, students were also presented with a long list of mandatory tasks, such as police checks, manual handling training and immunisation updates. These additional requirements left many feeling overwhelmed in the early stage of the degree. Candice, a mother of three young children described how this accumulation of diverse demands left her feeling “snowed under”.

A lack of computer literacy presented a further hurdle, especially for those who left school many years earlier, when this technology was not commonly used in teaching and learning. Participants who were first generation, but had themselves studied at university previously tended to be no better prepared, as most of these earlier degree courses had been paper-driven. Kim’s experience was typical:

When I studied last time, everything was paper. We handed in a paper assignment, you went to the library etc. Now everything’s online and the learning of Blackboard and the library system and looking at journals. It was mind boggling for me.

Although the School relied heavily on computer technology as a teaching and general communication medium with students, it did not provide support or guidance in computer literacy. Participants who lacked sufficient computer skills found they were initially unable to access important course information. This led to feelings of frustration, helplessness and personal incompetence, something Rebecca felt had caused some of her peers to leave the degree within weeks of commencement. In order to progress, participants needed to develop their computer literacy as a matter of urgency. Participants commonly described this transition period as a “massive learning curve”.

Computer technology was often an integral aspect of assessed work. Students were expected to use applications such as blogs and Wikis, and software such as Microsoft Publisher in their assignments. Again, participants

reported there was no guidance was offered within class, leaving many feeling confused and frustrated. Keturah described how the time she had taken to investigate and understand these forms of computer technology had been an additional and, in her opinion, unnecessary source of pressure in an already highly stressful period, saying:

Most of my struggles were the simplest things, and for me the least important thing...why add pressure? I think when things could be made a lot simpler.

When approached for help, academic staff were occasionally reported to be similarly uncertain about some aspects of this mode of learning. Lauren described one such situation:

They gave us one [assignment] 'design a Wiki page'. Well I've never designed a Wiki page before. So I would ask the lecturer and they hadn't done a Wiki page before and so it was 'the blind leading the blind'.

It is concerning that this does not appear to be an isolated situation, with a previous study of Australian university students describing circumstances in which academic staff were unable to support their online learning needs (O'Shea, Stone, & Delahunty, 2015). It may be that in such situations, teaching staff avoided offering embedded computer guidance, not because they lacked awareness that such help was needed, but that they lacked the necessary skills required to provide it.

The women in my study were not only challenged by the way the degree was organised and delivered, but also by what was taught. Participants experienced unexpected dissonance between their expectations of some aspects of the nursing degree content, with what was actually provided. As women who were attracted to, and aligned with the caring aspects of nursing, the curriculum's focus on science and research subjects was particularly

problematic. The misconception that these had limited relevance to nursing caused concern and confusion early in the degree. Michelle's description of a first semester science unit illustrates this situation:

You go into the class and its atoms and neurons and really back to things flying around the universe (laughs). And it's 'what are you talking about? I thought we were doing nursing, not doing space'.

O'Shea & Stone (2014, p. 85) used the metaphor "travelling in a foreign country, where a new language, new customs and new expectations were to be learned", to describe the experiences of first-year first-in-family Australian students. This metaphor also reflects the many layers of early uncertainty and dissonance experienced by the women in my study. This unexpected 'foreignness' affected their confidence in their ability as university students. Anne, for example, described how being "continually nervous and flapping about" had detracted from her ability to focus on her university work. Such experiences align with Bandura's concept of self-efficacy, which he describes as an individual's belief in their ability to manage a given situation (Bandura, 1977; 1995). Self-efficacy tends to be lower in students who, like the women in my study, lack prior personal or vicarious experience of success in a given situation. This lack of self-efficacy can have negative implications for student success in higher education (Bandura, 1977; Ramos-Sánchez & Nichols, 2007; Zimmerman, 2000).

In my study, participants recalled how these combined challenges left them questioning their capacity to continue in the early stages of the degree. Julie for example recalled her internal dialogue at this time as "what were you thinking? You can't do this". This self-doubt presented as too great a challenge for some of their peers. Rebecca for example described how a fellow mature-age women student had decided to leave the course, declaring "if it's going to be like this for three years... I can't do it". Combined, these issues meant the women's period of transition into the university was one of great stress and uncertainty.

Social capital

Social capital is described as durable networks within societal institutions, and as the instrumental and emotional support provided by these networks which benefit the recipient (Bourdieu, 1986; Yosso, 2005). In my study, these societal institutions were the university and healthcare sectors.

A lack of higher education experience meant most parents and partners were unable to provide the social capital that could guide and advise participants at university. Despite being impoverished in these respects, the participants were able to draw on alternative sources of social capital.

Family sources of social capital

Few parents and partners had recent, if any, experience of university or healthcare systems and processes. These individuals were therefore poorly equipped to guide participants through the educational and healthcare institutions encountered during their degree. A lack of insight of these institutions and their systems and processes meant participants' misconceptions often remained unchallenged. One misunderstanding was the belief that full-time study was the only option. As most participants with young children did not want to use full-time childcare, this misconception influenced their decision to delay acting on their desire to begin their degree, until their children were in full-time school. For Anne this resulted in a six year wait. A further common misconception delaying commencement was the idea that university was the exclusive domain of school-leavers. Marla for example, had always thought the only way into university was through the school leaver exam route. Participants also described feeling deterred by the thought of being the only mature-age students on their courses.

None of the participants found their parents could help them interpret the academic expectations of their degree. While past studies have also found first generation students lack access to social capital from their parents (Thomas & Quinn, 2007), most of my participants found themselves in a position where their current partners were also unable to offer this form of support during their degree.

Only Leah, Ruth and Maureen felt their partners had been able to guide them with university learning expectations. Leah's partner, a recent engineering graduate, had a particular strength in interpreting science assignments and Ruth's partner, a current doctoral student, was able to help her understand a range of assignment expectations in the early stages of the degree, a time when she described feeling she had "no clue" how to proceed. In contrast, the majority of participants found they had entered a university environment that was not only foreign to them, but to their partners and other close family members. Brenda described how a lack of available family guidance left her "pulling her hair out" in frustration. As mature-age students, these women did not go to university as part of a cohort of school-leavers. The benefits associated with this group membership of past school friends was therefore unavailable. These women instead found themselves in a situation where they initially felt quite alone in managing the university environment. Anne described her early experience:

It's really scary when you first go to university because you don't know anybody.

This lack of available guidance from parents and partners meant participants whose older children had university experience were viewed as particularly valuable sources of guidance. Those older children who had a personal interest in university influenced participants' decisions to begin a degree. Attending university events with these children gave some participants a vicarious insight into the higher education environment. Maggie and Julie both accompanied their school-leaver children to open day events. Maggie described her encounter of a welcoming open day environment as a "good come-on tool" which made her begin to consider university for herself. Julie described how her experience dispelled her assumption that she was too old to study. The mixed ages of students and potential students at the event gave her the confidence to apply.

Although in the minority, participants whose children attended university around the same time they did, also provided them with guidance around

higher education culture, systems and norms and assisted them with their academic skills. Sherry described how she and her daughter, a fellow undergraduate, discussed their academic work and “bounced ideas off each other”. While Maggie’s older daughters had not yet begun their degrees, both were studying in high school for their tertiary entrance exams. The three studied together in the evenings, helping each other with academic tasks. Maggie found this to be particularly helpful, describing the situation in which all three were invested in their studies as “brilliant timing”. This cross-generational learning was a welcome source of strength and encouragement for these women who had few alternative networks of support outside the university.

Practising nurses and midwives as catalysts of commencement and agents of professional socialisation

Practising nurses provided a level of insight into the nursing degree and the university that was not readily available to participants from their family networks. This ‘inside information’ on matters such as alternative entrance pathways and flexible study options, was often described as the “final trigger”, “push” or “catalyst” to their decisions to apply. Kylie, for example, identified her conversation with an experienced midwife as the reason behind her decision to begin her degree.

During their practicum placements, participants worked alongside qualified nurses in the clinical environment. Some participants described how their positive interactions with these staff enhanced their clinical experiences. Anne described practicums in which she encountered consistent support as “a breeze”, these interactions giving her confidence in her ability to nurse “that little boost”. Often, however, the opposite occurred, with many participants finding themselves demotivated by what they perceived to be unsupportive nurses who were not invested in students’ progression. Judy’s own interactions with qualified nursing staff led her to conclude “some nurses just don’t like students”. Many described how they lacked confidence in their clinical ability as a result. For Ella, “a horrible practicum placement” left her with a diminished feeling of confidence and competence to such an extent that she temporarily withdrew from the course. She explained:

I nearly threw in the towel in the third semester.

Qualified nursing staff in the clinical arena have a pivotal role in supporting students, not only in their practical skill development, but in socialising them within the nursing team, and thereby facilitating their confidence and their sense of belonging within the profession (Clements, Kinman, Leggetter, & Teoh, 2016; Royal, 2012). As the women in my study had limited social support networks, the dedication of these qualified nurses was particularly important. In my study, the varied and inconsistent nature of this support sometimes jeopardised participants' ongoing progression.

Student peers as networks of belonging

In the early months of the degree, friendship groups between nurse student peers provided an accessible way to understand and interpret the foreign environment of the university. Many participants described these relationships as essential to their early progression, at a time when, as Sherry described herself and her peers as “all green”. Within these groups, advice and support were shared. Keturah described how these groups supported her early understanding of university:

You make all those rookie mistakes but then you become part of that community and people start talking and you're like 'oh you did that? Oh right that makes sense'.

Participants tended to seek out other students who had comparable life experiences outside university, such as being a mother or partner, and working while studying. Sherry and Ruth described this as having student friends who were “in the same boat”. For Beverley, friends at university who were “on the same wavelength” could relate to the difficulties she faced at university, and were a valuable source of empathy and support. Participants emphasised the importance of these relationships to their decisions to remain at university in the early challenging weeks of university. For Candice, these networks were “an

absolute godsend”, which helped her develop a sense of belonging and acceptance. She exclaimed:

You don't feel you're alone out there...you feel you're normal.

Participants rarely chose to form friendship groups with school-leavers, with whom they felt no common frame of reference within or outside the university. Some described these students' behaviours as annoying and distracting during class, and their personal problems, by comparison with their own, as trivial. Beverley made her own position on younger students clear, saying “I don't have time for giggling 18 year olds”. Participants instead cultivated friendships with other mature age peers, and viewed them as an important source of social support and encouragement. These peers were rarely regarded as a source of academic help. Rebecca for example, recalled how she and her student friends “never meet up to intentionally study or look at an assignment”. This finding contrasts with those reported in a study of Australian first-year university students, aged 17 and above (Baik et al., 2015), in which the majority of students worked with peers on academic tasks. The lack of peer collaboration in academic work described in my study may, in part, be explained by the initial lack of academic literacy among students, as well as the lack of time available to them outside their class commitments. Their decision may have also been influenced by a genuine preference for independent learning, something both Rebecca and Jennifer described as their favoured approach.

A further finding contrasting with those reported in the national Australian study by Baik et al. (2015) was the significance to student retention of peer socialisation off-campus. Although important to the students in this national study, the women in my study reported this was not the case for them. These women explained they had insufficient time to socialise with new friends, and as they had established friendships at home, this was unnecessary use of valuable time. It is likely that the difference in the student age demographics between these studies played an important factor in these contrasting findings.

Participants' social interactions were instead restricted to on-campus interactions within the classroom, and where time permitted, between class sessions. Over time, the demands of the degree increasingly limited these interactions (discussed later under Navigational Capital). The women therefore returned to a situation that mirrored the start of the degree, where their social capital was in limited supply.

Economic capital

Economic capital, defined as a monetary or financial resource (Bourdieu, 1986) had an important, albeit mixed influence, both on commencement and progression. All participants began while in an intimate relationship; therefore participants and partners' income, rather than parents', were the main sources of economic capital.

Partners' income as a financial resource

All the partners in the study were in full time employment at the time the participants began their degree. The relative financial security supported the women's decision to begin their degree, the prospect of university seemingly financially manageable. It also proved an important resource following commencement, with around half the participants able to reduce or cease their paid work hours. This was particularly true for those with partners who worked in Fly-in-Fly-Out (FIFO) employment. The term FIFO is used to denote "circumstances of work where the place of work is sufficiently isolated from the worker's place of residence to make daily commute impractical" (ABS, 2014, para. 1). The ABS has described the increase in FIFO work as associated with work in remote regions of Australia in mining and related industries (ABS, 2014). Such positions, commonly available in remote areas of Perth during the time of the study, attract higher than average pay (ABS, 2013d). These participants therefore commenced their degree in a somewhat secure financial situation. Michelle described how having a partner in FIFO work had enabled her to cut down her own paid work, this been important to her progression. Like others in her situation, she expressed sympathy for those who had to continue working:

He [partner] makes a lot of money, he gets enough for both of us. I don't have to worry about money, which is great, he can cover everything. People coming off night shifts [and coming to the university]...I don't know how they do it.

Those participants who experienced separation from partners during their degree found they lost this important source of economic capital. Jennifer and Judy, for example, separated in the final year of study, and subsequently needed to increase their paid work to 30 hours a week to support themselves and their children in their new position as single parents. Both felt this impacted on their later academic achievements, with Jennifer explaining how she could have done better without the additional stress of paid work, which she described as her “biggest strain” during her degree.

While studies of mature-age students that do consider partners as sources of financial support exist (Wilson, 1997), research into the student experience, including Australian-wide surveys (James et al., 2010) and others (Nora & Crisp, 2012; Tinto, 2006-2007) have tended to overlook partners as sources of economic capital, instead focusing on the student and their parents. My findings however demonstrate that when considering the experiences of women students in an intimate relationship, this may be an important oversight when determining socio-economic-status and the advantage or disadvantage associated with this.

Balancing paid employment with the unpaid practicum

The clinical practicum is an integral aspect of the nursing degree. Around half of the participants, especially those with young dependent children, and whose partners worked in occupations that attracted lower wages, could not cease work or drastically reduce their work hours. Paid work became a particular burden for participants studying full-time. A common practice of accepting additional paid work before and after practicum weeks, helped to compensate for the loss of income incurred during their time in practice. A downside of this strategy, however, was that it left even less time available for study.

Kylie's situation illustrates the difficulties posed by the practicum placement. Kylie expressed that for her, working one day a week during her degree would have been an ideal situation. The purchase of a house at the start of her degree however, meant she needed to work 30 hours a week to meet the mortgage demands with her partner. In order to manage financially, Kylie increased her work hours to 40 per week for a number of weeks preceding and following practicums. She explained how during these periods, study became impossible, because she "simply didn't have time for uni". While she felt this had impacted on her achievement at university, it had been an unavoidable situation.

In the first year of the degree, participants were able to use their annual leave to complete their comparatively short practicums. In the second and third year however, practicums ran for a total of eight weeks and 10 weeks respectively, making fixed employment contracts difficult to maintain. One solution for those who had to continue to work was to move to casual contracts. Marla, who worked part-time as an EN during her degree, described her own situation:

The (casual) job that I have now is more supportive and that's also why I went for it, because they are a lot more supportive of uni... Whereas the last work I was at, they wanted me to do certain days, and of course if you're timetable changing every semester it was hard. They weren't too happy about me going on prac.

Although this solution allowed for a continued income, it brought additional problems such as loss of sick pay and annual leave entitlement.

Many who stayed in their original work contracts resorted to other ways to accommodate practicums. This included using unpaid leave entitlements; a solution, however, that caused periods of financial stress to the family. Ros and her family were unable to manage without her wage. Ros therefore combined her study leave, long service leave and her annual leave

entitlements. This left her with no time during her final year that was free of some form of study or work, and contributed to her feelings of stress and exhaustion.

Participants described how this constant juggling took its toll on their academic achievements and on their wellbeing. Maureen, for example, described how she had begun to struggle to meet the demands of university later in the degree, with her grades suffering as a result, while Paige described how a deterioration in her mental health meant she “ran into a bit of trouble” [in her capacity to cope], again in the later stages of the degree. While Maureen took the decision to continue working the same numbers of hours, Paige found she had to reduce hers for the sake of her wellbeing.

The potential detrimental impact of working while studying for a nursing degree has been identified in previous studies, with Holmes (2008), Rochford, Connolly and Drennan (2009), and Salamonson and Andrew (2006) finding that student academic achievement decreased as the number of hours spent in paid employment increased. These studies, however, took a cross-sectional approach, and did not consider how paid work influenced the student experience at different stages of the degree. In contrast, Salamonson, Everett, Koch, Andrew and Davidson (2012) took a longitudinal study of the influence of paid work on the student experience, finding its detrimental effect heightened throughout the degree. However, this Australian research did not explore the influence of the unpaid practicum in this relationship. In taking a whole of degree perspective, my study has been able to demonstrate how paid employment represented a greater challenge to progression during such practicum placements, with this challenge intensifying as practicums lengthened throughout the degree. This not only impacted on participants’ academic achievement, but also on their wellbeing.

Further Dimensions of Student Capital

Despite facing numerous barriers from commencement onwards associated with a limited availability of social, cultural and economic capital, the women in my study continued in their nursing degree. In order to do so, they drew on a range of other dimensions of student capital. While essential

to their success, these dimensions of capital have received little attention in the nursing literature.

Aspirational capital

Yosso (2005) defined aspirational capital as “a resilience in those who allow themselves and their children to dream of possibilities beyond their present circumstances” (p. 78). For the women in my study, established, and newly emerging aspirations proved to be a crucial resources that supported them through the most difficult periods of their degree.

Aspiring for something for themselves

Participants described how their growing desire for something more in life, outside their role within the home and family, had been an important aspiration that motivated them to begin their degree. As Kim explained, there was a need to be “more than just a wife and mother”. Many of the participants had been employed in lower skilled, auxiliary positions that fitted around the family. These jobs were often described as unstimulating and demotivating. Sherry described feeling “bogged down” in her job as a teaching assistant and Keturah stated she felt “like a loser” in her administration work. These women aspired for ‘something more’ from their paid work. Participants described coming to a point when they began to make life changes, with the university seen as a way out of these unfulfilling situations. In doing so, these women began to consider their own needs. Judy, for example stated “this is my time now, this is for me”.

Most of the women had worked in positions in which they cared for others, such as nursing and teaching assistants, and were attracted to the nurturing and helping aspects of the role. They often explained how their personal attributes made them well-suited to this work, describing themselves, for example, as a “nurturing person...an old mother hen” (Beverley), and “a people person” (Candice). Nursing was seen as a way of continuing to use these qualities in their work with others. This attraction to, and affinity with, the “traditional feminine characteristics” of nursing (Price, McGillis Hall, Angus, & Peter, 2013, p. 310) is not uncommon, previously described as strong motivators amongst nurse students of both sexes in the USA (Boughn & Lentini, 2001), Australia (Eley, Eley, & Rogers-Clark, 2010; Newton, Kelly,

Kremser, Jolly, & Billett, 2009), Ireland (Mooney et al., 2008), and Canada (Price et al., 2013). In my study, an alignment with, and affinity for these traditionally feminine ideals was an important motivator influencing commencement and progression. Conversely however, this alignment also caused these women great stress, as they struggled to prioritise their degree over their traditional female roles as mothers and partners (See Chapter 8 for a detailed discussion).

After working, often for many years in an auxiliary role, the prospect of entering a structured career with a range of options and opportunities was a further important aspiration. Sharon recalled:

It's about the career now, it's about not just being stuck in a job...
I can be a ward nurse or I can go on and do another year here,
or another year there, and change my degree or change the
options. ...nursing is somewhere to go, out of a dead end
situation.

Many wanted to move to a role in which they had greater influence on patient care. Anne's situation illustrates this. As Anne had been trained as a registered nurse some years ago in the UK at diploma rather than degree level, she could only be employed as a nursing assistant after migrating to Australia. Anne described feeling "useless" in this role, explaining how her "voice wouldn't be heard" despite her efforts to improve situations for patients. She expressed her frustration further, saying "I just felt that there was no opportunity to make a change". For Anne and other participants, the perception of nursing as an autonomous and respected healthcare profession in which they could achieve a higher level of influence was appealing.

Nursing as an end goal

The vast majority of participants decided to go to university because they wanted to be a nurse. The degree qualification was regarded as unimportant or of secondary importance:

Candice: It wasn't about having a qualification

Rebecca: It was the nursing, the degree doesn't mean a lot to me.

The end goal of nursing also provided an important aspiration following commencement, becoming a crucial factor supporting progression in challenging times. Kylie, for example, described her ambition to become a nurse as a "passion" that had enabled her to cope with the competing stresses of full-time work and relationship difficulties during her time at university. Sharon, a mother of three children, who was also caring for dependent family members with chronic health conditions, while juggling paid work, described how the end goal of becoming a nurse had been the major influence on her ability to cope:

I think the biggest thing that's kept me here is knowing that this [becoming a nurse] is what you want.

Just two women, Paige and Brenda, chose nursing as an alternative 'way in' to higher education, after they had been rejected by their first preference course. Their initial lack of an established nursing goal seemed to cause them difficulties during their early clinical experiences, leading Brenda to consider leaving and Paige to withdraw, before returning the following semester.

The finding that nursing was a first preference for the vast majority of these women contrasts with the findings of Milisen, De Busser, Kayaert, Abraham and de Casterle (2010), and Mooney et al. (2008), who researched students in Belgium and Ireland respectively. Milisen et al. (2010) found over half the students studied did not choose nursing as their first degree preference, while Mooney et al. (2008) reported this was the case for over one third of their students. In both studies, however, the student samples were typically much younger. It may be therefore that having nursing as a goal

commitment from commencement is more common in older students. A study of mostly mature-age women nurse students in the UK supports this idea. Glogowska, Young and Lockyer (2007) found a strong goal commitment to the profession. This “single-minded focus” (p. 72) helped these women persevere through times of stress and conflict. In my study, the participants’ cumulative life experience, including past work experience in health or caring roles and dissatisfaction with more menial positions played a part in strengthening their nursing goal.

The desire to learn and the development of a student identity

Few participants commenced their degree because of their interest in the pastime of studying, or an aspiration to become a university student. However, many experienced a change of perspective as they progressed, with study increasingly seen as enjoyable, rewarding and valuable. A personal desire to learn for its own sake provided new motivation to continue; a dynamic that was somewhat unexpected for many. Keturah, for example, a participant who had not enjoyed studying at school and had no post school education, described being surprised to find that her degree studies excited and interested her. Kim, who had completed a degree two decades earlier, also expressed surprise that she had begun to enjoy learning. A similar situation has been reported by O’Shea and Stone (2011) in their research into the university experiences of mature-age Australian women students. In this study, the authors described how the women’s developing desire to learn developed into an “intrinsic or elemental need” (p. 281).

The women in my study also found their enjoyment was enhanced by their developing student identity. Over time, this became the ‘something for themselves’, outside their identity as a partner and mother, which had prompted their degree commencement. Brenda’s reflection of her time at university illustrated how important this was to her:

I really enjoyed it, I got this new lease of life. All these new people and they see you as someone completely different, and I just really loved it.

The developing student identity offered these women a sense of satisfaction and self-worth outside their roles as wife or partner and mother. These findings again reflect those of O'Shea and Stone (2011), who described how the married women in their study began to see themselves as someone in their own right, with their developing identity as a student representing "freedom and personal independence from their roles as wives and mothers" (p. 281). This feeling was often so strong that, towards the end of their degree, participants described feeling sad that their time as a student would soon end. Leah, for example, stated:

I really like it here, it's just enjoyable, the environment, and I think I'm going to be quite upset when I leave.

These aspirations continued to exert influence throughout the degree, with many participants interested in continuing their student experience through post-graduate study. Participants explained how they "wanted to know more" (Anne) and "wanted to do a lot more yet" (Sherry). This prompted some to apply for postgraduate nursing study, six having done so at the time of their final interview.

Emerging aspirations of a better future for their children

Almost all the women in my study began their degree with limited insight into higher education. While students who have graduate parents have first-hand experience of its tangible and intangible benefits, this was not so obvious to these participants. As they continued in their degree, however, they became increasingly aware of the opportunities a university degree could afford their own children. These women began to see themselves as important role models for their children, expressing hope their own efforts would inspire them to consider higher education in the future. Sharon explained how she hoped she could pass on the understanding to her children that higher education presented other options in life. Georgia also described how her own university participation could support her daughter's future decisions:

I think as she gets older she will have an appreciation for it ... in the long run she will look up to and go “well mum did this, I can do it’.

The development of such aspirations during the degree were also reported by O’Shea in her study of first-in-family women students in Australia (2015). Like the participants in my study, over time, these women, broadened their perception of the value of higher education, seeing themselves as “paving the way” for their own children’s future participation (p. 12). In this way, these women were severing links with their families’ past tradition around higher education, and in doing so, creating what Yosso referred to as a “culture of possibility” for their children (2005, p. 78).

The prospect of being able to provide financially for their children was a further motivation for the participants. This became especially important for those who separated from partners during the degree. Frankie, who lost possession of her family home following her separation, explained how her future income as a registered nurse would support her return to independence and financially secure future for her children.

Navigational capital

Yosso referred to navigational capital as a set of skills that enable an individual to manoeuvre through social institutions (2005). The women were able to draw on a number of strategies to help them navigate their degree journey. While these strategies protected their progression, the participants described how they also had a negative impact on their academic achievement and overall wellbeing.

Early investment in the student role

Despite beginning university with limited preparedness and self-efficacy as university students, the women in my study persevered. This was enabled, in part, by their early investment in the student role. Participants devoted considerable time and effort in their learning activities. High personal expectations prompted these efforts, and participants often described their unhappiness if they felt they had not achieved sufficiently in assessed work. Lauren, for example, stated:

I do go for the good grades. I've had a couple of credits and been quite upset about that.

These women also sought ways to optimise their learning opportunities. A perception that on-campus classes offered a better opportunity to clarify the meaning of learning materials and tasks with others, meant most chose this mode over online learning in their early units of study. Sherry described choosing on-campus study because it offered an environment where she and other students could “bounce ideas off each other”.

Participants also sought, and readily participated in extra-curricular academic support services such as workshops. These were universally valued during the early stage of the degree. For some however, the accessibility of these additional services was impeded by paid work and other responsibilities outside the university. Paige, for example, who worked 30 to 40 hours a week from commencement, exclaimed:

I would like to go to the workshops but I don't have the time.

Through these help-seeking activities and continued perseverance, participants developed a growing feeling of personal competence in the student role. The culture of higher education, which appeared impenetrable at first, became more familiar and manageable. In her second interview, Sharon declared how in learning to work the system, she could now “work smarter”. Success in early units also strengthened participants' personal belief in their academic ability. Maggie described how her confidence had “built and built” with each passed assignment, and Paige referred to her high grades as “lots of little wins”. The importance of early achievement in improving students' confidence, particularly those who commenced with lower academic literacy skills, has also been highlighted in another study of Australian undergraduate nurse students (Tower, Walker, Wilson, Watson, & Tronoff, 2015), and in a study of first-in-family women (O'Shea, 2014). In the latter study, these

successes were described as “tangible indicators of belonging at university” (p. 149) that supported the confidence of students who, like many of the women in my study, initially doubted their place at university. The experience of this early personal success in academic tasks was regarded by Bandura (1977) as the dominant factor supporting the growth of self-efficacy, and was a key factor supporting participants’ growing confidence in their ability and rightful place at university.

Rationing academic and social engagement

During the degree, the growing number of weeks of the curriculum dedicated to practicums increasingly competed for time against the women’s ongoing responsibilities outside university. For many, this necessitated a rationing of time spent on campus. Most began to plan their classes so they only had to attend one or two days a week. For mothers, this offered more time at home with their children. Chantelle, a mother of three young children, described her how she organised her time on campus in her final semesters:

I would try to work out all my lessons [so that they] were grouped together as much as possible, so I could get everything done and get home.

A compromise in the time spent on-campus was also increasingly important for participants who had to continue in paid work. Leah, for example, who, as a full-time student also worked full-time during her degree, stated:

I’m lucky to just have two classes on Friday...So I can work every other day except Friday.

To enable their ongoing navigation, participants began to restrict classroom time by taking more online classes. While some persisted with on-campus tutorials, most began to attend lectures less and less, instead listening to lecture captured materials (videos of lectures). Others began to study lectures and tutorials fully online. Sherry, who worked part-time during her

degree and lived over 50 kilometres from the university, explained how this option benefitted her:

This semester I've found I rarely come into campus 'cause everything is online. I can save the two hour trip here 'cause everything's there online ... it's made the world of difference.

While online study options supported continuation, there were perceived inconsistencies in the quality of teaching delivery. Participants often felt they missed important information that had been shared in class. As tutorials were not recorded, interactions that often clarified understanding, such as the sharing of pertinent stories and the answering of individual student questions was unavailable. While lectures were captured in video recordings, the lack of interactive student interaction in these sessions meant they were less helpful. Participants also found they missed information in some recorded lectures because of poor sound quality, making it difficult to interpret lecture notes:

Michelle: It's like 'what's he saying? It's something important about respiration (laughs), I wonder what he means?'

Marla: You just have to sort of work out [the meaning of some information].

Ironically then, while this adapted study behaviour allowed participants to continue, it appeared to reduce their achievement in some units. Those who were able, sometimes reverted to choosing on-campus delivery in units they felt would be particularly challenging. Jilly explained:

If I think [of a particular] subject... 'Oh no I'd better do that on-campus because it might be a bit difficult', then I'll go and do it on-campus.

However, those with greater time limitations had instead to accept the negative consequences of online study on their achievement. Participants therefore found their academic goals became tempered by the reality of their situation. Sherry, for example, a mother of two, stated she could have done "far better" without her many competing responsibilities at home, and Ruth, a full-time student who also worked full-time, described how she came to realise that her early ambitions were unrealistic:

My aim was to get an HD in everything if possible, but then when everything was thrown at me , work and everything, I realised it was not possible for me to put in the time. So I have to compromise.

Ultimately, these women undertook a conscious lowering of personal achievement ambitions. This 'adjustment of sights', previously reported in the literature of women mature-age students at university (Edwards, 1993; Kevern & Webb, 2004; Meachin & Webb, 1996), was a necessary compromise that enabled the women in my study to continue at university.

Over time, participants also found it necessary to restrict their social interactions with peers. Keturah, for example, described coming to a decision where she had to "cut out" these relationships in order to successfully progress. Paradoxically, in doing so, participants lost the networks that had been so important to their early guidance and development of a sense of belonging. Most also found they had to reduce time with their non-student friends outside university. Judy described how she had "become a hermit", feeling she "dare not" take time away from university in order to socialise.

Stone and O'Shea (2013) have also described the sacrifice of leisure time, including hobbies and social interactions with friends, as a necessary

compromise enabling the progression of mature-age women at university. For the women in my study, the resultant loss of a healthy work-life balance took its toll on their health. Sherry and Anne associated their reduced involvement in sport with their weight gain during their degree. Others felt their emotional wellbeing had suffered. Kylie, for example, described how her lack of socialisation left her in a situation where she “almost lost [her] mind”. Student wellbeing has a reciprocal relationship with engagement and learning (Kahu, Nelson, & Picton, 2017; Kahu, Stephens, Leach, & Zepke, 2015). While not directly discussed by participants, this compromise in wellbeing is likely to have had an additional negative impact on achievement.

Experiential Capital

O’Shea described experiential capital as the knowledge derived from life and professional experience (2016b). This dimension of capital, otherwise overlooked in studies of non-traditional students, was important throughout the degree journey. Vicarious and personal experience of nursing supported participants’ decisions to commence. Cumulative clinical and life experiences helped participants manage difficult clinical situations.

Nurses in the family, working with nurses and being nursed

Participants explained that having parents and other family members who were nurses influenced their interest in nursing as a future occupation. Rebecca, whose mother had practiced as a nurse when she was growing up, said:

I remember as a child my mother had nursing books at home she had when she was studying, and I just loved looking through it at all the... gory stuff. ‘Oh look at this a bit weird’, but yes I think it’s fascinating.

Marla described how growing up in an extended family who worked in health, inspired her to undertake her nurse training preparation course in high school and a subsequent EN diploma, some years before applying for her nursing degree:

I have a lot of family that are nurses: cousin and aunties. I lived with my grandmother growing up and she worked in the health industry, just doing paper work. She had a big interest in it [nursing].

For Marla, and many other participants in my study, an early ‘seed’ of interest had been planted through these family experiences.

In their past roles in healthcare, these women had often worked alongside practising nurses. This had helped them develop positive perceptions and a strong affinity with the profession. Michelle described how her hospital clerk work had supported her desire to become a nurse:

I was always looking at the nurses thinking ‘Oh I really want to be them, how am I going to get that?’... I loved looking, because you can watch through the window, I loved all that.

Personal or family members’ experiences of being nursed were also important motivators to pursue a career in which participants could emulate the care that they, or their loved ones, had received. Charlotte’s experience of being nursed through a chronic illness as a young adult was an affirming experience for her:

It’s something I’ve always wanted to do, then I got sick and that was just after [partner] and I got together. I had some pretty crazy surgery and some really lovely nurses, so I thought ‘I think it’s time’. I just needed to be a nurse and I’d do whatever I need to be one.

These findings reinforce those of previous studies across a number of countries, including the UK (McLaughlin et al., 2010), Ireland (Mooney et al.,

2008), the USA (Larsen et al., 2003) and in Australia (Hickey & Harrison, 2011), all of which identified personal and family experience of nursing as important factors influencing student decisions to study nursing.

While beginning their degree with a limited understanding of the importance of science in nursing, the women in my study instead possessed a personally or vicariously informed understanding of the sometimes challenging nature of nursing. Kylie's experience demonstrates how the contrasting situation, where a lack of experiential capital proved particularly detrimental to progression. Kylie was unusual in that she had no past healthcare work experience on which to draw. She was also comparatively young, being just 20 at commencement. Kylie's shock and distress in an early practicum was a significant threat to her progression:

I remember it was just after my first prac. I had a kind of moment where I was like 'I don't think I can do this'...well at the beginning it was the age care thing that really got me. I was so sad to see the state in which some of these people were living, and I said 'I couldn't watch that', it made me so emotional, and I was getting quite upset.

This form of experiential capital could be regarded as a protective factor, helping nursing students cope with the range of potentially distressing human situations they commonly encounter during their clinical experience and their later career.

Life experience and personal maturity

Participants felt that by beginning their degree later in life, they were in an advantageous position in clinical practice situations. These women felt their maturity meant they were better able to communicate and empathise with patients, and to negotiate difficult interactions. The participants also felt that, as mature-age students, they were more respected by qualified staff and, where necessary, were better able to seek their support when required. Jilly,

for example, aged 40 at commencement explained “I think it’s because I am older, I am able to ask”.

Accumulated life experience also provided these women with well-developed organisational and time management skills. As such they were able to adopt a precise and disciplined approach to planning their time during the degree. Intricate systems and detailed lists were used to enable this process.

Lauren: I have this huge bloody wall chart... you know [husband’s] work roster, my work roster. When the kids are on holiday, when I’m on prac, when assignments are due.

Life-experience has been described as an important factor supporting mature-age students at university (Edwards, 1993; Kevern & Webb, 2004; Wilson, 1997). In my study, this was a valuable component of experiential capital, supporting their ability to cope in difficult practice situations and their capacity to organise and juggle the many demands placed on them throughout their time at university.

Cumulative clinical experience

Practical experience of nursing accumulated during the degree was also particularly influential on the women’s progression. The nursing curriculum included 840 hours in clinical practice over three years. The women in my study commonly described how they found they learned best experientially, referring to themselves as “hands on learners”. A feeling of dissatisfaction with the amount of time dedicated to practice was commonly expressed, and was given as the reason some participants continued to work in auxiliary healthcare positions during their degree. Rebecca for example, took occasional nursing assistant shifts, although, as she explained, she did not need to do so for financial reasons. For many of the participants, however, full-time study and family responsibilities precluded them from working in a healthcare environment during the degree.

In their interviews during their final stages of their degree, many participants expressed a belief that their lack of clinical experience had left

them feeling insufficiently prepared to practice. Paige expressed concern at her perceived lack of readiness, saying “there are so many skills I haven’t done”. In contrast, and perhaps unsurprisingly, the four participants who were qualified ENs, did not express such concerns. Maggie, who had many years practice as an EN exclaimed “because I’m an EN, I have the ability”.

A further issue affecting participants feeling of being ready to practice was the restricted variety of practicum experiences offered during the degree. Due to issues of availability, many participants had only been allocated aged-care community or aged-care hospital practicum settings. The resulting limited diversity of clinical experiences compounded students’ lack of confidence in their practice skills. Ros, for example, who had mostly been allocated aged-care and mental health community practicums, described her concern at her lack of experience in the acute hospital setting:

Thinking about it I’ve only had six weeks on the wards in my whole degree.

In contrast, participants who had been assigned a wider variety of practicum placements described their experiences and their readiness to practice in more positive terms. For Brenda, who had begun her degree with limited self-confidence, and described her first clinical experience as very challenging, found the varied nature of her later practicums and the helpfulness of qualified nursing staff helped her overcome her initial self-doubt in her practical ability. However, Brenda also reflected on the other students who had less positive experiences:

So many [other students] I hear about have had only aged-care only in old people’s homes, so they have never been in hospital ‘til stage five [fifth semester]. They can’t prime a line or give an injection, and that winds staff up.

Concern that the degree lacked sufficient clinical experience led some participants to express regret in their chosen path to a nursing career, feeling they would have been better prepared if they had taken a different route. Ella and Paige wished they had completed their EN training first, and Judy felt she should have studied for her degree in the UK, where clinical practice accounts for half the curriculum time.

Previous studies of Australian nurse students have also reported a level of discontent with the time allocated to clinical practice within the nursing curriculum, and, associated with this, the feeling of being unready to practice (Milton-Wildey, Kenny, Parmenter, & Hall, 2014; Phillips, Kenny, Smith, & Esterman, 2012). An individual nurse student's confidence in their readiness to practice as a nurse has been referred to as 'occupational self-efficacy'. As with academic self-efficacy, a lack of this resource has been linked to lower final grades in nursing examinations in the UK (McLaughlin, Moutray, & Muldoon, 2008, p. 213). In my study, an initial lack of academic self-efficacy was overcome as students invested in additional opportunities to master the student role, and experienced positive achievements in assessed work. The comparatively limited time dedicated to practicum experience, and the restricted opportunity for many participants to invest in additional clinical practice opportunities, meant occupational self-efficacy presented as an emerging challenge later in the degree.

Familial capital

Familial capital, described as the emotional and practical support offered by partners, parents and children during times of difficulty (Yosso, 2005), was a particularly important, but inconsistently available influence on participants' commencement and progression.

Partners as sources of support

Before commencement, women's partners offered little support with domestic duties. Instead, roles adopted within the relationship were distinct, with the women performing the majority domestic work and the men taking the role of the main breadwinner. Chantelle described a typical arrangement:

My husband was very much the breadwinner, bringing in the money, and I was the housewife.

With the exception of three relationships (discussed in detail in Chapter 8) all the women continued taking responsibilities for domestic work after commencement, and this limited the time they could invest in the university. This situation was further exacerbated as the periods of clinical practicum placements became longer later in the degree. While some found they could carry on with the full domestic burden, most participants found they needed to seek help from partners. For many this support was not forthcoming, and, in order to continue with their studies, participants increasingly rationed their time in other areas, a situation further discussed under Navigational Capital.

Emotional support from partners was, in contrast, initially forthcoming. Most participants described their partners as encouraging of their decisions to apply for university. Partners were sometimes described as the driving force behind their application. Leah exclaimed “If [my partner] didn’t push me to do it, I would never have done it”. Only three of the participants’ partners were initially reluctant to support their decision to attend university. Georgia’s partner expected her to be a full-time stay at home mother for their young child, while Lauren’s partner expected she would continue to contribute financially to the family, and was “dead set against” her commencing her degree.

Domestic and emotional support were particularly unforthcoming from partners who worked in FIFO positions. Participants described how these partners were not required to undertake practical domestic tasks when away at work, as all the cooking, cleaning and laundry services were supplied in the workplace. Michelle described how this expectation continued into their home life:

Well they don’t have to do anything [domestic duties]...They’re very lazy. So it’s kind of like... ‘Oh I just did that’ and I think ‘what about the next 500 things that need doing?’ so you have to just keep prompting.

Participants also found their partners' expectations that they spend long periods of time with them when they were home from their FIFO work impacted on their capacity to study. Julie described how this manifested in her relationship:

When he comes home that is a bit of a problem 'cause he wants company and I do find that very hard. I just didn't get anything done because he's 'come on lets go out'...You know I probably get a couple of hours [in study] but I probably give more to him. I definitely give more to him than I want for my assignment, but I do it for the relationship.

As Julie's comments imply, participants typically accommodated their partners when they were home, often planning their study around their shift patterns, and neglecting study when they were home to fulfil their partners' need for company.

This continuous disruption meant participants had to, as Kim put it "work like a mad woman" while their partners were away at work. Similar findings were highlighted in an Australian study of FIFO workers which revealed women often tried to nurture and support their partners during their time at home, sacrificing their own needs as a consequence (Pini & Mayes, 2012). Perhaps in part associated with these competing demands and tensions, was the finding that eight of the nine FIFO relationships experienced difficulty at some stage during the degree, with two ending in separation. This, and the inconsistency of partner support in general is further explored in Chapter 8, where a discussion on gendered, and the changing interpersonal dynamics within the intimate relationship, provides an illuminating insight into this situation.

Parents as sources of support

Although parents did not encourage participants to consider university when younger, they became an important source of emotional support after they began their degree. Mothers were seen as the most supportive parent,

with Paige describing hers as her “biggest fan”. Kylie described how her mother, who had been initially ambivalent towards her decision to go to university, changed her position to one of pride once she had commenced:

For my birthday my mum got me a fob watch, and she got the back of it engraved saying ‘time for a new life’. That was the year when I started nursing.

Parental pride and encouragement reinforced the participants’ motivation to continue and their feeling of belonging at university, factors that are important to student continuation behaviour (Krause & Armitage, 2014; Tinto, 1975).

However, parents provided limited support with child care and housework, as few lived nearby. Ten of the participants were migrants, few of these participants had parents who lived in Australia. Subsequently, these participants were accustomed to coping without extended family support. Rebecca, a migrant from the UK exclaimed:

We do tend to manage things on our own, ‘cause we’ve nearly always done that.

One significant exception to this general lack of practical help from parents occurred when participants separated from partners. Charlotte, Frankie and Chantelle’s parents welcomed them back to their homes, thereby offering vital financial security, childcare and emotional support. Chantelle explained:

My parents said ‘right we’re making a commitment to you’. My mum and dad sat down and said ‘you’re here, you’re staying here, you need to go and do prac, you need to do what you need to do, we will look after the kids’. They understand about the grad

year, that it's going to be morning shifts, evening shifts, night shifts. Mum said 'you do what you need to do... once you're through that then you can choose'.

In contrast, a lack of such support left Judy, who was a migrant from the UK, particularly vulnerable following her intimate relationship breakdown. Judy explained how a lack of family support during this time led her to seriously considered leaving the course. The stress associated with this time was exacerbated by her reduced income. To continue, Judy increased her paid work hours to support herself and her children financially, and changed to part-time study in her degree.

Children as sources of support

All participants with children reported they were initially emotionally supportive of their decision to go to university. However, this support sometimes reduced amongst younger children when their mothers became less able to meet their needs as quickly and readily as before. Anne described how her youngest daughter had begun to complain and protest at the reduced time they spent together, describing it as "a huge change for her".

While many of the older children were capable of supplying domestic help, this help tended to reflect the traditional male: female divisions of tasks between the participant and her partner. For example, Ruth's 16 year old daughter carried out set tasks around the house without prompting, and Jennifer described her three daughters as "very, very supportive". However, while Sherry described how her 21 year old daughter sometimes cooked meals and did her own laundry, she reported that her 19 year old son did no domestic work. Similarly, Maureen's daughter cooked and helped with shopping, but her sons did not. She recalled their reaction to her requests for help:

My boys, to get them to do anything is just...I do nag, and so I do ask them, but it sometimes falls on deaf ears.

While children have been identified as a valuable sources of emotional support to women students at university (O'Shea, 2016a), an exploration of their potential to help domestically seems to be missing in the literature. This may be, in part, due to the tendency to see students as young adults themselves, and therefore without children who have the capacity to offer such practical help.

Resistant capital

Resistant capital, that is, the knowledge and skills that enable an individual to overcome situations of inequality in order to achieve their goals (Yosso, 2005), was essential to the participants, enabling them to overcome a number of barriers that threatened their nursing aspirations. Although these women drew on resistant capital from commencement, this resource became increasingly available throughout the degree, through the women's exposure to new environments, encounters with others, and their own personal growth.

Overcoming unhelpful perspectives

In order to commence their degree, participants had to confront and re-evaluate a number of perspectives that had previously influenced their life-choices, and hindered their decisions to pursue a career in nursing. This included those perspectives held personally as well as those of close family members. Discussed in depth in Chapter 8, a personal perspective that was challenged at the time these women decided to go to university was the idea that their partners' and children's needs must be prioritised. Frustrated by the lack of satisfaction gained from their personal lives, these women decided to pursue their own ambitions.

Participants also overcame barriers associated with their parents' lack of experience of higher education, and the associated dearth or incongruence in the cultural and social capital available to them. Kylie explained how higher education had not been considered by any of her family members:

I'm the first person in both my mum's side of the family, and my dad's side of the family to get into university. One or two have

graduated high school. I don't know what it is about my family, but they have all dropped out of high school.

Although her family's lack of involvement in higher education meant she did not consider it as an option on leaving school, Kylie explained how her desire to be the first person in her family to go to university became a "nagging ambition" later in life. After commencement, Kylie found this ambition spurred her on during difficult times. Kylie explained how her siblings' lack of confidence in her ability to succeed was a further motivator, saying: "they'd be like 'oh no, of course she wouldn't finish it'. That pushed me".

Ros described a similar situation. Also a first generation student, Ros had questioned her mother's attitude towards higher education, asking her why she hadn't encouraged her to study at university when growing up. Ros' mother, like Kylie's siblings, expressed a belief she was not capable of success at university. For Ros, her decision to go to university was a way to "stick it" to her mother. The need to prove family members wrong echoes the findings from another study of first generation students, in which it was seen as a "durable motivator" of their continued study and achievement (Ward et al., 2012). In deciding to pursue their nursing degree, the participants overcame the unhelpful perspectives of close family members, turning them instead into motivating influences supporting their success at university.

Additional reserves of resistant capital emerged during the degree through participants' experiences of personal growth. Participation in higher education is known to support such transformation experiences (Mezirow, 1991; 2003). In taking a nursing degree, this was facilitated through new social and cultural situations within clinical practice and a reflective and evaluative approach to academic subjects. This personal growth included the development of a wider and more questioning life perspective:

Keturah: I am learning and progressing and thinking about things in a much different perspective.

Ruth: I see things quite differently now...I can think outside the box ...around the big issues in life.

Lauren: for me it is a personal evolution... I no longer see in black and white.

These personal transformations facilitated a profound increase in self-confidence and assertiveness, which in turn enabled the women to resist challenges within their intimate relationship that had the potential to hinder their progression at university. This is discussed further in Chapter 8.

Overcoming the challenge of the intimate relationship breakdown

Although the impact of the intimate relationship breakdown is discussed in detail in Chapter 8, the importance of resistant capital in these situations warrants a discussion here. Eight participants separated from their partners in the later stages of their degree. These women faced a number of potentially overwhelming challenges as a result, including financial difficulties, emotional stress and withdrawal of partner support. Despite such challenges, these participants demonstrated strength and determination to succeed at university, and achieve their goals. These women again associated their personal growth with their ability to resist succumbing to the obstructions placed in their way as a result of their separation from their partners. These women described feeling empowered as a result, and being better placed to consider their own needs. This is illustrated by Kim, 1 of the 8 women who separated from their partners during their degree:

I have to put myself first, because if I'm a happy person in my job, in my life, all of those things, then I'm a better mother, I'm a better person, I'm a better worker, I'm a better student, all of those sort of things.

In a similar vein, Judy explained:

You know what, it's made me really strong, if I can bring anything home from this degree and going through this and pushing through it, you know what doesn't kill you makes you stronger, that really does apply to me.

These stories draw parallels with the experiences of students who separated from partners in O'Shea's study (2014), who, despite experiencing the emotional and practical difficulties of such a personal trauma, found themselves in a stronger, more empowered position as a result of their experience.

Key Insights

My study has adopted a major shift in perspective in order to understand the experiences of women nursing students in Australia through the lens of student capital. In widening the framework of student capital to embrace additional dimensions, it authentically captures these women's lived reality at university.

A deep interpretation of these findings has led to the creation of insights. These demonstrate how multiple dimensions of student capital, some rarely acknowledged before in the student experience literature, acted to support the commencement and progression of the women in my study. They also reveal how these dimensions acted as a fluid, interdependent resource. The availability and importance of these dimensions varied over time; influenced by the women's changing lived reality. Dimensions of capital compensated for, or enhanced the availability of, other dimensions during their degree.

The multidimensional influence of student capital

In applying a public health perspective to the student experience, where issues of structure, agency and equity are considered, an understanding of the multidimensional influence of student capital has been created. This aligns with, but also extends upon Bourdieu's original ideas of student capital (1986). In doing so, it has moved away from what Devlin (2013) has referred to as a 'narrow approach' to understanding the student experience, to one of

inclusivity, which recognises the whole student, who they are, and their lived reality.

Concurring with other non-traditional student research, the study found that cultural capital had a major influence on commencement and early progression. The findings illustrate how parents of first generation students can have a deterring influence on their educational decisions, a phenomenon previously acknowledged in the student experience literature in Australia (James, 2002; O'Shea, 2016a; Stone & O'Shea, 2012; Walker et al., 2009) and internationally (Thomas & Quinn, 2007; Tinto, 2012; Ward et al., 2012).

As first generation students, the influence of the participants' limited or different ways of knowing around higher education permeated further, challenging their capacity to succeed during their transition into university life. A clear association exists in the literature between first generation status and low academic literacy (Ishitani, 2006; Soria & Stebleton, 2012; Thomas & Quinn, 2007). This, and a lack of computer literacy left participants poorly equipped or prepared for the demands of the degree. Limited self-efficacy, a factor that has also been associated with first generation students with low cultural capital (Hellman, 1996; Ramos-Sánchez & Nichols, 2007), exacerbated the difficulties the participants initially faced. These women therefore began their degree insufficiently integrated into the academic and cultural norms of the university, a situation that leaves students vulnerable to attrition and academic failure (Tinto, 1975).

While academic skill support was available, it was not embedded within the curriculum. The women's responsibilities of paid work and family reduced their opportunity to engage with these services. Comparisons can be drawn here with the experiences of the mature-age women students in Meachin and Webb's (1996) study of pre-registration nurses. As with the participants in my study, these women described being well supported through the enrolment process, but less well supported once they began their degree.

Like cultural capital, social capital is less available to first generation students. To this end, Thomas and Quinn have proposed that "debates on social capital are apposite to the discussion on first generation entry" (2007,

p. 58). Participants' families had little experience of higher education, their capacity to provide social was therefore limited. The lack of 'insider information' from family delayed their commencement and left them without easily accessible guidance in an alien environment when they did begin.

Forming new friendship groups has been found to support student retention in Australian first-in-family studies (King et al., 2014; O'Shea, May, Stone & Delahunty, 2017). For the women in my study, these student peer networks became a vital alternative source of social capital. Groups were formed between participants who shared a similar social reality, such as a mature-age student status and family responsibility. These networks therefore represented students who did not 'fit-in' to the culture of the traditional school-leaver student. Research in South Africa and the USA have demonstrated the importance of such 'sub-cultures' in providing students with a sense of belonging (Hausmann, Schofield, & Woods, 2007; Tinto, 1993), a factor strongly associated with successful transition into university (Krause, 2007; Krause & Armitage, 2014). It was more unusual for participants to form groups with younger students. While they may not have offered participants a 'sense-of-belonging', as students with more recent study experiences, they may have offered much needed computer and academic literacy support.

Tinto has conceptualised student peer interaction as 'social integration', a behavior he regards as key to student retention and success (Tinto, 1975). While Tinto regards socialisation with peers in extra-curricular activities outside the university to be a further valuable form of social integration, this was not reflected in my participants' experiences. As students with well-established relationships, spending time meeting the needs of the family and paid work was considered more important than extending these friendships outside the university, and was a luxury of time few could afford.

The age and residence of the student seems to have an important part to play in these contrasting findings. Tinto's ideas around social integration were based on his research with school-leaver students who lived on-campus, rather than older students who lived with their families. Evidence to support this idea comes from Krause (2007). In her study of Australian

undergraduates, older students who lived off-campus were much less likely to socialise with peers outside the university.

A further pertinent influence for the women was the availability of finances; that is, their economic capital. Both in Australia and the wider international context, inadequate finances have been recognised as a factor disadvantaging students at university. Inevitably, this is most evident in students from a low socioeconomic status (LSES) background (James et al., 2004; 2010; Seidman, 2012; Tinto, 2012), older women students (James et al., 2010) and those who are first generation (Thomas & Quinn, 2007; Ward et al., 2012).

As the majority of the participants were mature-age, first generation women, it seems reasonable to assume that their financial position was a significant factor constraining their commencement and progression at university, a perspective often reflected in the student experience literature (James et al., 2010; Tinto, 1993). These studies however, tend to consider the student's economic status as a product of their parents' and their own income. Partners' financial contributions are not considered. With the age of students at university increasing, this omission offers a somewhat narrow understanding of student financial issues.

My findings revealed a complex situation exists for students in an intimate relationship. For many, partner income was crucial to commencement and progression. The availability of well-paid FIFO work for skilled and unskilled workers within the Western Australian context during the period of the research meant many participants began their degree in a secure financial position. This finding implies that relative financial security may exist for other women with FIFO partners, in disciplines outside nursing. For the participants' in my study, however, separation and divorce, led to a loss of economic capital that challenged later progression.

An association between the clinical practice component of the degree curriculum and student financial stress has been identified in a study of Australian social work students (Ryan, Barns, & McAuliffe, 2011). Although the nursing degree involves clinical practice throughout, nursing studies appear to

have largely overlooked this issue, focusing more narrowly on issues within the clinical environment, such as unhelpful or unsupportive staff (Levett-Jones, Fahy, Parsons, & Price, 2007; Melincavage, 2011). My study has provided new insight which reveals that those students with limited economic capital struggle significantly during the practicum placement. For mature-age women, with financial commitments such as rent, mortgage or school fees, the practicum period can be so stressful that it affects academic achievement and wellbeing.

While issues associated with cultural, social and economic capital combined to challenge their degree progression, every participant in my study had continued to their final semester. Understanding how they managed to do this requires an awareness of further dimensions of student capital, described by Yosso (2005) and by O'Shea (2016a; 2016b), but previously unconsidered in the nursing research.

Although the dimensions of student capital identified by Yosso (2005) and O'Shea (2016a; 2016b) were important, their availability and the extent of their influence sometimes differed for the women in my study. This reflects the heterogeneity of the social and educational context between nurse students in intimate relationships and the non-traditional student groups studied by these researchers.

The idea of aspirational capital, first described by Yosso (2005), proved essential throughout the degree. Participants were initially prompted to apply to study nursing by their aspirations to move beyond their present circumstances, which they found unfulfilling. While keen to remain in a caring role, nursing offered autonomy, respect and a structured career. The motivation provided by the women's enduring aspiration to become a nurse during difficult periods of the degree reaffirms Tinto's theory of the importance of occupational goal commitment (Tinto, 1993). Focusing on this goal supported the women's progression, despite the challenges posed by their lack of academic preparedness during their transition to university and throughout the stressful practicum placements of the degree.

A further dimension of capital relied on for progression was navigational capital. Yosso (2005) described this as a resource that supports the manoeuvring of individuals through institutions that were not created for them as a group in mind. While Yosso was referring to students of colour and their navigation through a university system devised for white students, my study considered mature-age women in an educational system intended for young men. Like the students in Yosso's study, a number of strategies helped them survive in a foreign, often seemingly impenetrable environment.

One such strategy was their effort to engage, a behaviour defined as "both the time and energy students invest in educationally purposeful practices" (Kuh et al., p. 542). Participants readily sought help when experiencing difficulty in understanding the academic expectations of the degree, a behaviour reported as unusual in first-generation students (Scevak et al. 2015; Thomas & Quinn, 2007), although more common amongst LSES students (McKay & Devlin, 2016). While it is difficult to explain these variations in findings between different studies and student groups, it may be that my participants' nursing aspirations and life experience supported this help-seeking behaviour. These women were also comfortable with independent learning, many preferring this approach in academic study and assessed work. This range of attributes and behaviours, which are closely associated with student success (Devlin & McKay, 2016; Devlin, McKay, Swift, Nelson, & Kift, 2012; Krause & Coates, 2008), acted as important resources during participants' transition into the unfamiliar higher education environment.

Over time, these engagement activities helped participants to integrate into the university culture and to develop a love of learning and a defined identity as a student. Their emerging competence as a student supported their feeling of self-efficacy, an attribute which also supports ongoing success (Bandura, 1977).

Participants adopted additional strategies as the demands on their time intensified, including studying online. This mode of learning is now accepted as an essential option for time-poor students, such as mature-age students with families (Krause, 2007). Unfortunately, many of the women in my study found online study offered an inferior learning opportunity, which they believed

affected their achievement. Other compromises were time with friends, and engaging in health pursuits, such as team sports and other forms of exercise. Navigational capital therefore appeared a somewhat a 'double-edged sword', with sacrifice and compromise supporting progression at the expense of achievement and wellbeing.

As older students with family and work experience, the participants brought a wealth of experiential capital to university. While not identified in Yosso's work, the importance of this dimension of student capital to the women in my study cannot be overestimated. First conceptualised by O'Shea (2016a; 2016b) in her research with first-in-family and mature age students, this was a crucial resource to participants. Past experience of nursing, whether personal or vicarious influenced participants' initial ambition to study nursing.

Experiential capital was also accrued during the degree through participation in successive clinical practicums. The idea that this capital can be accumulated in vocational degree courses is an extension of O'Shea's concept of experiential capital (2016a; 2016b). The accumulation of a varied and high quality clinical experience supported participants' progression, enhanced their enjoyment of their degree and supported their occupational self-efficacy, and with this, their readiness for practice. The opposite also occurred, with participants who reported dissatisfaction in the time allocated to clinical experience, and the variety of this experience, expressing doubt in their ability, and their decision to study nursing. Social integration in the practicum environment was also key to progression. According to nurse theorist Jeffreys (2015, p. 429), this "professional integration" is as great an influence on nurse student retention as the processes of social and academic integration described by Tinto (1993). In my study, the lack of self-efficacy experienced by participants who had felt unsupported by qualified nurses, supports Jeffreys's contention.

Like the students in Yosso's research (2005), the women in my study found family was a dominant influence on their commencement and progression at university. While Tinto saw these 'external communities' as of secondary importance to students' experiences within the university (1993; 2012), this was clearly not the case in my study. My findings instead concur

with research that found family was a preeminent influence for mature-age students (Plageman & Sabina, 2010) and first generation students (Plageman & Sabina, 2010; Thomas & Quinn, 2007; Ward et al., 2012).

In offering an account of the familial support provided by partners, parents and children, my study has provided new insights into exactly 'who' in the family was important. My study also revealed 'how' these family members were influential, in terms of their ability to help and hinder through their supply of emotional and domestic support and through their perspectives and expectations of 'women's work'. This is a departure from previous nursing studies on the student experience, including those in the integrative literature review (Chapter 2) that acknowledged the influence of family, but have been less informative about who proved important, and what role they played. Unsurprisingly, as participants lived with partners during their degree, these family members were considered the most influential.

Unlike Yosso (2005), who regarded familial capital from immediate and extended family to be a key source of wealth and support to non-traditional students, for the women in my study, this was not always the case. Parents and partners were inconsistent and sometimes poor sources of domestic support. Reasons for parents' lack of support were partly logistical, many participants were migrants, and all lived away from the parental home. An important influence on partners' lack of domestic support was the notion of gender within the intimate relationship, discussed in detail in Chapter 8.

As discussed, parents without university experience were not generally encouraging of the idea of university when participants were at school. Once participants began their degree, however, some parents began to offer emotional support. Mothers in particular demonstrated pride and happiness in participants' progress, which reinforced their belief that they belonged at university, and motivated them to continue during difficult times. This change in parental support has also been noted by O'Shea (2014), who described reported "expressions of unconditional excitement and encouragement" (p. 146) from parents of first-in-family women students as they began their degree. In contrast, partners remained poor or inconsistent in this type of support, again this is discussed in detail in Chapter 8.

The educational experiences of children, acknowledged by O'Shea, May, & Stone (2015), but otherwise overlooked in the literature, were found to be influential, with children at university able to supply emotional support to their mothers. The older children of these mature-age students were also well placed to offer domestic help, although doing so inconsistently, often according to their gender. Recent figures reveal young Australians who are single often live with parents, rather than alone or in a non-family group household. Data for 2012 to 2013 showed around half of single 21 year olds and a quarter of 25 year olds remained living in the parental home (Baxter, 2016). With the growing proportion of non-traditional students at university, including mature-age students who are likely to have adult children, an awareness of the potential of older children to act as means of support is important.

The final form of student capital important to the participants was resistant capital. In her work with students of colour, Yosso (2005) described resistant capital as the skills and knowledge derived from oppositional behaviour that challenges inequality and resists subordination. For Yosso's students, this referred in the main to their capacity to overcome racist attitudes permeating society and social institutions and systems. For the women in my study, it was associated with a number of factors within and outside the university.

The university itself, in offering an inflexible approach to the practice element of the curriculum (discussed in Chapter 8), presented as an institution that offered an inequitable experience to those women with paid work, children and limited family support. Outside the university, participants had to overcome their parents' unhelpful attitudes and their own misconceptions of education, in order to commence their degree. Following commencement, the women's progression was dependent on their ability to overcome their own deep-seated ideas of the female role, so they could prioritise their previously subordinated career goals. Partners' resistance and obstructive behaviour was a further factor threatening their opportunity to succeed. Resisting this threat was essential to progression.

Student capital as a dynamic and fluid resource

In studying the experiences of women from commencement to the final stage of the degree, an understanding has been created of the changing nature of the importance, and availability, of the dimensions of student capital over the university journey, and the compensatory nature of some dimensions of student capital for others.

As the women in my study progressed in their nursing degree, they drew on different dimensions of capital, sourced from themselves or from their relationships and interactions with others. Aspirational capital helped the women overcome early barriers associated with their lack of social and cultural capital. Navigational capital also compensated, guiding these women through an initially foreign university environment and helping them develop a greater preparedness in the student role. Later in the degree, experiential capital supported the women during the practicum experience, and resistant capital was drawn on by those women experiencing obstruction from male partners (discussed in Chapter 8). Alternative sources of some dimensions of student capital were also drawn on, in situations where traditional sources were not available. While social capital, in terms of 'insider knowledge' was relatively unavailable from family, it was instead sourced from groups of mature-age peers and from older children at university. Social capital offered by qualified nurses, however, varied dependent on the environment of the practicum placement and the qualified staff supervising students.

In some ways, the pattern of availability and relative importance of the dimensions of student capital differed, according to the unique social reality of each woman. Resistant capital, for example, was a particularly important resource for women encountering obstruction from partners, most notably those who were the first in the intimate relationship to go to university (see Chapter 8).

Despite this variation, a number of processes were found to have a common influence on the pattern and extent of student capital availability across the degree. These included the woman's continued participation in her degree, her personal growth and her changing relationship with her male partner.

Bourdieu (1986) described how social, cultural and economic capital may be acquired over time, through interactions with others and exposure to different social environments. Through their ongoing persistence and consistent efforts to engage, participants were exposed to a variety of environments which supported their acquisition of cultural capital, which they could then draw on to further support their progression. According to Bourdieu the women's future graduate status would enhance their social and economic capital, which together with their acquired cultural capital, would support their social mobility and the educational futures of their children. For the women in my study, however, this particular outcome is debated in Chapter 9.

It can be argued that navigational, aspirational and experiential capital also supported the participants' development of these three traditional dimensions of capital. As resources that compensated for situations of early sociocultural incongruity, these dimensions helped participants to persist, when they may otherwise have withdrawn.

Of crucial importance to the availability of student capital was the women's personal growth and development. Transformative learning theory, first articulated by sociologist Mezirow (1991; 2003) states that adults undergo personal growth as a result of their participation in adult learning. According to Mezirow, transformative learning is the task of adult education, which must "help the learner realise these capabilities by developing the skills, insights and dispositions essential for their practice" (2003, p. 62). In my study, these transformative experiences led to a re-evaluation of previously fixed assumptions and expectations, including cultural bias, stereotyped attitudes and also the dynamics within their interpersonal relationships. This in turn, led to the acquisition of strong, new dimensions of student capital, which proved important to progression.

While aspirational capital was present from the start of the degree, additional sources developed as a result of the women's personal growth. As the women progressed through their degree, an emerging love of learning became a new motivation to continue. This motivation was highly intrinsic as it arose from an inherent satisfaction of academic study. In higher education, intrinsic motivation is seen as preferable and to be encouraged, the

development of which results in self-driven students who are satisfied with their learning experiences (Ryan & Deci, 2000). Extrinsic motivation, by comparison, is viewed as less desirable, as it is associated with feeling compelled to do something for others or because of personal necessity rather than personal desire (Ryan & Deci, 2000, p. 61). Considering the greater positive influence of intrinsic motivators on investment and continuation in educational pursuits, it can be argued the acquisition of this new source of aspirational capital was particularly important.

The development of a personal identity as a higher education student, separate from their identity as a mother and partner, was a further source of aspirational capital which emerged during the women's transformative learning experience. According to Lockett and Lockett (2009), the development of a student identity is often overlooked in theories of learning. This, they argue, is an important omission, as the development of a student identity supports student agency, and therefore the independent choices and actions that support student progression and achievement at university.

A further transformative experience commonly described by these women was a widening of perspectives from a fixed or 'black and white', to a more nuanced and reflective position. Examples included a deeper understanding of current and cultural affairs and a better ability to see different views and social issues from a broader position. This, and a developing ability to critically analyse social issues, supported the accumulation of resistant capital. This again supported student agency, providing these women with the skills, tools and insight to challenge previous perspectives that may have been unhelpful to their interactions with patients in their nursing career. As these women began to gain personal fulfilment from their investment in their own study, their role as a good mother became less influential. This left some women questioning the gendered roles within their intimate relationship that had previously hindered their progress. A deeper discussion of the implications of these altered perspectives and their influence on participants' intimate relationship dynamics is undertaken in Chapter 8.

The interpretation of the findings in this chapter reveal the complex, interactive and dynamic influence of student capital on the student experience.

This insight can be used to better support the student experience in a number of ways. An understanding of a students' own capital resources and deficits enables the development of initiatives which help students tap into compensatory dimensions or alternative sources, thereby supporting their progression. Initiatives can also be introduced to further enhance the availability of a range of dimensions of student capital, through the enhancement of personal growth and adaptation of structural barriers which affect engagement, such as embedded academic support. These ideas and others emanating from the key insights of Chapter 8 are discussed within the recommendations section of Chapter 9

Chapter Eight:

The Influence of the Intimate Relationship on the University Experiences of Women Nurse Students

Overview

Chapter 7 presented the holistic influence of student capital on the university experience of women who study a nursing degree while in an intimate relationship. This chapter presents the findings specific to the intimate relationship itself and how this influenced the participants' degree commencement and progression. Findings on the influence of the intimate relationship on the women's future nursing career plans are also included in this chapter. Chapter 8 occasionally revisits the findings relating to the partner as a source of student capital, discussed in Chapter 7. In doing so, however, Chapter 8 offers important insight into the way notions of gender and the changing interpersonal dynamics in the intimate relationship are associated with this provision of capital.

This chapter begins with the women's perceptions of the way the intimate relationship influenced their university experience. This discussion is organised across four themes, outlined in Table 6. These take a temporal view of the relationship between the intimate relationship and the woman student's commencement, progression and future nursing career plans.

From a deep interpretation of these findings, new and detailed insight is presented that demonstrates the profound and pervasive impact of the intimate relationship on the experiences of these women nurse students. These reveal the influence of traditional gender norms, including the women's idea of the 'good mother' and their practice of gatekeeping behaviours and their partners' ideas of masculinity and their breadwinner role, on women's commencement and progression. The influence of the educational process on the relaxation or liberalisation of the women's priorities, and with this her capacity to progress is also demonstrated. The difficulties faced by women who are in a relationship with a partner who has no higher education experience are discussed, through situations of changing power dynamics and ideas of educational heterogamy. The consequences of these changing

relationships for the women's progression, future career plans and the relationship itself are highlighted.

Main Themes

Table 6 outlines the four themes and the associated sub themes into which the findings are organised. A discussion of each follows.

Table 6. Findings: The influence of the intimate relationship on the student experience

Themes	Subtheme/s
The influence of the intimate relationship on degree commencement decisions	Division of roles along gendered lines
The university transition experiences of women students in intimate relationships	Maintaining and protecting the gendered division of roles within the intimate relationship
Issues influencing the ongoing progression of women students in intimate relationships	Nurse education's approach to the practicum as an influence on the progression of women students' who study whilst in an intimate relationship.
	Adjustment of domestic roles in the intimate relationship: Requests and responses
	Partners' acceptance of participants' student role
The changing dynamics of the intimate relationship as an influence on participants' progression and future career plans	Distress and conflict in the intimate relationship
	Reverting to traditional roles within the relationship
	Removing the obstruction of the intimate relationship

The influence of the intimate relationship on degree commencement decisions

Divisions of roles along gendered lines

The women and their partners seemed to identify with the traditional female and male gender roles within the intimate relationship, with tasks and responsibilities divided along separate gender lines. The extent to which participants adapted their established roles within the intimate relationship had

a strong influence on their decision to delay their degree commencement until later in life. It also influenced their decisions around full-time and part-time study.

Prior to commencement, the roles within the intimate relationship were distinctly gendered. Partners' domestic tasks were limited, and usually restricted to the outdoors. Charlotte's description of the roles in her relationship was typical. She explained:

He'd do the garden... I'd cook and clean and do the washing and the shopping.

Within my study, this gendered division of roles was ubiquitous prior to participants' degree commencement, irrespective of their age, parental status or employment outside the university. Georgia, Keturah, Marla and Kylie, for example, all in their early twenties, and all working part-time, assumed full responsibility for housework. Julie, Maureen, Ros and Candice, in their forties, did the same. Participants appeared to view such division of roles as the norm. Elise, for example, described how her relationship had "typical male female roles", and Rebecca referred to these tasks "as the usual man, woman stuff". The idea of the male in the relationship as the main breadwinner meant that before beginning their degree, participants had commonly prioritised their partners' careers over their own. Participants described moving from location to location following their partners' work, and taking flexible paid work that 'fitted around' the family. Elise, who gave up her career in the army, explained:

I've always been the one that's compromised in whatever I've gone, and [whatever I've] done as a job.

This prioritisation of a partner's career had often delayed their degree commencement.

Participants' traditional views of motherhood were a further delaying factor, with relatively few beginning their degree while their children were pre-school age. These mothers were unequivocal in rejecting the possibility of starting earlier. As Ros exclaimed "no way in hell" would she have done this. A commonly expressed belief was that young children needed their mother's full attention, making study an impossibility. Michelle, who delayed her decision to apply for 10 years, stated:

They need time with you when they are little... what are you going to say when they come up to you and want to talk to you, do you say 'go away, go away, go away?'... I can't see that ending well.

Participants' perceptions of their primary role as homemaker and mother meant personal goals were therefore suppressed. Candice described this as putting her desire to nurse "on the backburner".

The prioritisation of children meant that the option to take the degree part-time was essential to allow the commencement for some of the women. Sharon, a mother of three young children, told how she had chosen the university in which the study was undertaken because she had believed it to be the only one in Western Australia that offered a nursing degree on a part-time basis. In all, 11 of the 29 participants began their degree in a part-time capacity.

The clear division of domestic tasks described by these women reflects the typical division of roles described by studies of Australian couples (Baxter & Western, 1998; Hewitt, Hayes, & Baxter, 2013), and concurs with the most recent Australian census data, which showed women spent around twice as much time on unpaid work including childcare and housework than men (ABS, 2017b). Participants identified this as an important factor delaying their nursing degree commencement until later in life, and for many, influencing their decision to study in a part-time capacity.

The transition experiences of women students in intimate relationships into university life

Maintaining and protecting the gender roles within the intimate relationship

After beginning their nursing degree, the majority of participants strove to continue in traditional female roles within the intimate relationship. Many described a strong desire to do so, with Frankie, for example, exclaiming:

It's my personal thing of wanting to be the perfect wife and mother.

Only Ruth, Beverley and Brenda negotiated a more equitable division of domestic duties with their partners once they began their degree. Past experience of sharing traditionally female and male roles may have influenced this decision. Ruth and Beverley had divided household duties with their partners during their previous further education studies. As Beverley and her partner had no children, it may also be the case that this couple had not been influenced in their behaviours by the gendered expectations associated with motherhood. It is worth noting, however, that the six other women without children did continue to adopt traditional gendered roles after commencement, while both Ruth and Beverley, who did have children, did not. After being widowed by her first husband, Brenda had carried out all the household tasks, those considered both 'male' and 'female'. On beginning their nursing degree, these women and their partners began to share domestic tasks and childcare according to time available to each individual.

In contrast, the other participants attempted to maintain their distinct intimate relationship roles, their concern that family members may begrudge any enforced change in roles influencing their attempts to preserve the status quo. Sherry, for example explained:

I don't want to make them think like they have to all change, because I've made this decision to do this. I don't want them to resent the fact that I'm doing it, and that it's changing their lives.

These women often explained that, as they had pursued their own ambition to become a nurse, they alone must deal with the increased responsibilities associated with their decision. As a result, most participants found themselves in a position of continuing responsibility for childcare and housework, while taking on the additional demands of university.

A strong identification with the gendered notion of women as homemakers meant most participants felt unable to start their university study or assignments until they had completed their usual household tasks. A concern that any neglect of their homemaker role would be noted and judged by others was common.

Michelle: I have to have the house clean before I can even sit down... Cause every time someone comes around and we've got shit around I will be like 'God what do they think?'

Participants also identified with the idea that a 'good mother' must continue to put their children's needs first. As a consequence, they often sacrificed sleep, studying late at night when their children were in bed. A discussion about study habits with Rebecca revealed a commonly described situation amongst participants:

Me: So you start at about 7 ish do you?

Rebecca: No it's usually after that its more about 8 ish after the kids are in bed, I've done the lunches and getting ready for the next day.

Me: So when do you finish?

Rebecca: Oh it could be 12, 12.30, last night it was more like one I think it was so it's late pretty much every night. When the kids are there it's just too hard.

Many women with older, arguably, less dependent children living at home, also continued to prioritise their needs. Sherry, for example, whose youngest child was in the last year of high school explained:

They are still at home and I still do everything for them. I think I still have that mind-set that I have to hold it all together, and what I want comes last. I think it's a mother thing. You've just got to fit that in.

Participants explained how their desire to maintain the established role dynamics within the intimate relationship meant they rarely approached partners for help with housework and childcare. These women therefore found themselves in a position where the time available to study was restricted by their efforts to maintain their roles outside the university. Maggie, for example, described how she “never had time to sit down and concentrate on one thing”. The quality of this time was also affected, with many describing how the constant juggling of family and university demands had left them “exhausted” (Rebecca and Chantelle) and “too tired” to study (Kylie).

This arrangement, although inequitable, was accepted by most participants before the degree, and also during its early stages. This determination to adhere to well established roles within their intimate relationship negatively influenced their opportunity to study, led to exhaustion and ultimately meant they had to compromise their desired level of achievement (Navigational Capital, Chapter 7).

Issues influencing the ongoing progression of women students in intimate relationships

Nurse education's approach to the practicum as an influence on the progression of women students' who study whilst in an intimate relationship.

In Chapter 7, eight participants described how the longer practicum placements limited the availability of economic capital, and how this impacted on their achievement and wellbeing. This chapter describes how the unequal division of childcare responsibility within the intimate relationship reduced the participants' capacity to engage in the practicum placement throughout the degree, and placed considerable stress on the intimate relationship itself.

During practicums, students were expected to continue studying for their theory units and to complete assessed work, accessing their learning materials online. This concurrent running of theory and practicum units made this a time of frenzied juggling of tasks. Candice described the situation as:

Being thrown into the turmoil of the 13 weeks of learning, going out on prac, exams and assignments.

The competing demands of academic study and clinical placements were particularly difficult to manage. As Jilly explained:

You're out on prac doing early, late [shifts] then to come home and stay up all hours of the night and try to do uni stuff.

As women who were striving to maintain their position as the main caregiver to their children, and who had partners who did not regard themselves as responsible for domestic duties, the issue of childcare became a significant challenge. Students were not able to request they could go out on practicum in the first, second, or third rotation of students during the semester. This meant women whose partners worked away in FIFO positions were often allocated practicum times when their partners were not available to help. Although Ros had not been affected by this, she recalled other women who had faced significant difficulties:

I had a friend, she said 'I can't do it' [attend the practicum]. Her husband is fly-in-fly-out, and they put her on a rotation when her husband is not going to be here. She was just saying 'what am I going to do?'

Women who separated from partners during their time at university were also particularly disadvantaged by this practice. Frankie, for example, explained how the university's allocation of her practicum during school holidays had been a huge challenge. Finding providers who were willing to offer sporadic periods of childcare had made the practicums her "biggest thing [to overcome]" during the degree.

The timing of shifts was also an issue for participants with young children. As early shifts began at 7am and childcare rarely opened before 6.30am, many found they were left with little time to travel to their healthcare placement each morning. The university did not consider students' home addresses when allocating practicum placements; participants therefore often had to travel long distances. Brenda recalled students' panicked reactions when placement details were released:

When the prac placements go up you get a flood of nurses saying 'Oh God, I got south of the river and I live north can anyone swap please? I can't get there'. How they expect loads of us to travel north who live south and then another load who live south to travel north it doesn't make sense. I mean I know they have lots to organise, lots of placements, but that doesn't make sense.

A further difficulty related to public transport. As many of the major hospitals did not allow student parking, participants often had to resort to using this form of transport. The additional time associated with this form of travel further reduced the time available to study and to spend with family, leaving many feeling exhausted. Jilly, for example, explained:

So I was down at [hospital] and you're not allowed to park, so that's a bit of a nightmare, because it's like up at 4.30 to drive to the train then a bus to start at 7am. Then home again, you're not getting home till 5pm with the transport. So it's a really long day. You just find when you're on those shifts, you're neither use nor ornament when you come home. By the time you come home, get yourself sorted for the next day, you're in your bed at 8pm, so it's 'hi, bye'.

The university typically communicated practicum information to students at the start of the semester. This left those with external responsibilities, such as child care and work, with little time to plan. Ros described her frustration at this situation:

[The university needs to] tell you before you start [of the semester] the rotation you are on... just tell me the rotation I'm going on.

Late communication of shift details from the hospital or other practicum placement provider was also commonplace, with some withholding rosters until the day students commenced, and from then onwards releasing this information a week at a time. This represented a further significant source of stress for those women relying on childcare. One such participant, Candice, explained:

Pracs are horrendous when you've got a young family and you don't get your roster [of shifts] until a week and a half before you go. I mean some hospitals, you get it on the day you turn up there.

Candice questioned the logic of making students wait for shift information, especially in wards where staff knew student details for some months ahead, exclaiming “because you think, ‘come on why make it harder?’” She described the situation of late, unreliable and inconsistent communication of practicum details as a “killer for my family”. Candice also recalled student friends who had left their degree because of this situation:

Some really good people who pulled out of their degree in later semesters because they could not organise time with family commitments.

These university and healthcare provider practices placed the participants at a significant disadvantage. Despite this, they often felt the university would not be amenable to requests for a more flexible approach that could support their ability to manage the time demands of the practicum. A few expressed the belief that the university staff felt their role was to prepare students for the ‘real world of nursing’, in which they would have to learn to “suck it up” (Rebecca) and “fit in” (Lauren) in order to continue. While some participants felt this was unfair, many appeared to accept this situation. Paige, for example, a part-time student who needed to work full-time during her degree, stated:

Sometimes it just feels it’s not overly flexible for people that work...that’s understandable. I understand that it’s mainly tailored for full-time students on-campus.

These findings illustrate a perception amongst the participants that the university and the nursing degree was primarily the domain of those students without additional responsibilities, and that it was their own responsibility to adapt if they were to survive.

Adjustment of domestic roles in the intimate relationship: Requests and responses

Despite an initial reluctance to disturb the status quo in the intimate relationship, the increasingly demanding nature of the degree made this unavoidable for the majority of the participants. The majority of the participants therefore began to seek a re-division in the domestic tasks at home. Most often, this occurred amongst the women who had young children and those who juggled paid work with full-time study.

Participants described the process of awakening to the need for change. Charlotte, for example, described how she had moved from a position where she was “blind” to the impact of her tendency to put her partner’s needs before her academic achievement. Chantelle also talked about being “unable to see” that her burden of work at home had become unmanageable. Charlotte described coming to a “breaking point”, initiated by her falling grades. This prompted her to make a drastic change in the way she managed her academic and family life. Maggie also described her own realisation of the need for change, saying:

It was a rude wakeup call... eventually I was like, I can’t be superwoman all the time.

Participants described how, over time, they became better able to prioritise their study. Sharon, for example, explained:

At first I found it [study at home] distracting because “I’ve got to do the washing”, but I have finally learned to say “no this is what I need to do, focusing, stopping, and writing”.

Despite these women beginning to see their partners as a potential source of domestic support, they found it difficult to ask for help, because they felt guilty about putting their own needs first. Ros described how asking for help made her “feel like crap...conflicted”. Although participants felt it had been necessary to their progression in their degree, they often described their behaviour as selfish.

Candice: You have to be selfish to do this course. Otherwise you just wouldn't get it done.

Over time, however, a shift in attitude occurred, with some women becoming less self-critical and more confident in putting their needs first. Maureen, for example, described moving from a position of self-sacrifice, where she felt that putting herself last was “just something mums do”, to one where she was able to justify her revised position:

A lot of the time I would come to uni and feel guilty about it initially. Because I thought I should be at home doing this [domestic work], especially the weekends doing study and stuff. I thought I should be home. But as time passed, in the past couple of years, I've probably been able to put myself first instead of everyone else... I probably am not as hard on myself. Now when he's [husband] been having a whinge that I haven't cooked tea, whereas before I would feel guilty, now I think 'too bad'.

Many participants described becoming aware that their partners and children were capable of managing many domestic tasks. Michelle, for example, explained how she had begun to realise that her family could feed themselves, and that they “would not die” if she did not step in on every occasion to help. This change of perspective has also been described in other studies of mature-age women at university, with Edwards (1993) finding her participants began to “redefine their standards” (p. 78) and Vaccaro and Lovell describing how their participants began to “make room” for their studies in order to continue at university (2010, p. 167). Similarly, O'Shea (2014, p. 152) found married first-in-family women students in Australia “chose to reclaim their lives” by sacrificing housework. In my study, the increasing pressure of the practicum placement often brought this realisation into sharp focus, demanding a radical change in the way these women students organised their

lives and their interactions with others. Described within the discussion on resistant capital (Chapter 7) this adjustment was often essential to ongoing progression.

Despite participants' increasing willingness to ask for help, they were usually met with reluctance and resistance from their partners. Participants often associated this reaction to their partners' traditional notions of male and female roles within the family. This perspective, which reflected the women's own views at the start of the degree, meant partners saw housework as being outside their remit. Partners were also described as seeing their position as limited to one of breadwinner, and therefore exempt from domestic duties.

Anne: He is a real boy and very much a man's man... he has this understanding that women should be in the kitchen.

Maureen: In his eyes he works long hours and so that's not his role.

As well as actively resisting taking on more domestic work, participants also described how partners were often oblivious to the fact that these tasks needed attention. Paige attributed this to her partner's gender, saying "he's a boy...so he's not really domestic", while Chantelle explained her partner's behaviour as "male selective blindness".

Participants described how their partners often responded to requests for help with the argument that, as the degree had been their choice, its ramifications were theirs alone. Participants commonly referred to their partners' attitude as 'you've made your bed, you lie in it'. This position was illustrated by Georgia, who described her partner's response to her suggestion he should begin to share in their infant daughter's care as:

Well no, this was your choice you knew it was going to be hard, you shouldn't have gone into it if you couldn't handle it.

Partners continued to see childcare as outside their remit as a male, with Lauren describing how her partner had 'shut down' conversations on the subject with the words "well you sort it out 'cause it's your thing". Significantly, while this was also a viewpoint participants had held at the start of their degree, it had altered as they progressed.

Many participants found that when help was forthcoming from partners, it was inconsistent and short lived.

Rebecca: He would help for a few days and then go back to normal.

Help was also felt to be less forthcoming as time went on.

Chantelle: His help dropped off more and more during the degree.

Participants described a variety of situations where asking partners for help had resulted in stress, or created additional work. Ros, for example, described situations where her partner had forgotten to pick up their children after school when she was on a late-shift. Lauren described how her partner's attempts to cook were particularly unhelpful, saying:

He would cook, and thought he was the biggest help in the world because he'd cook. He was the kind of cook who used every friggin' spoon in the drawer.

This lack of reliable support, and the perception that their partners were less competent when they did help with domestic tasks, led some participants to stop asking for help. So too did the tense environment their requests for help sometimes elicited. Rebecca described how her own partner responded

to these requests by slamming doors and withdrawing from discussions. She recalled how this eventually led her to avoid making further requests:

Sometimes I tend not to say anything because I'd rather not, um, have the hassle... it's just not worth it.

In discussing the renegotiation of domestic roles within the intimate relationship, it is important to note that a few participants avoided seeking such a change during the degree. Despite finding their ongoing domestic burden interfered with their overall achievement, these participants regarded their partners as supportive, often describing them in glowing terms. Maggie, for example, stated "I could have done much better if I didn't have so many [domestic] distractions". Nonetheless, she described her husband's support in wholly positive terms, saying "he really has blown me away".

These women had comparatively few external responsibilities compared to the other study participants, none having infant children and most working and/or studying part-time. It may be the case therefore that, although a lack of help could have better supported their progression, it had not been essential. These women were therefore satisfied with the emotional encouragement they consistently received, this may have, in their eyes, compensated for the absence of practical help. Interestingly, this ongoing emotional partner support may, in itself, have been influenced by the fact that the participants in these relationships had not sought any change in the division of domestic duties during their time at university. That is, partners were prepared to offer emotional encouragement as long as their lives were not impinged upon.

Similar studies in the UK (Baxter, 2014), and in Australia (Chesters, 2012) have also described a general reluctance of male partners to take an equitable share in housework. However, in these studies, male partners who were educated to bachelor degree level were more likely to help, and to demonstrate a more egalitarian attitude towards the division of housework overall. While the majority of my participants' partners had no personal

experience of higher education, those who did were generally no more likely to be described by participants as willing to help with domestic tasks when asked.

Partners' acceptance of participants' student role

While partner domestic support was almost universally unforthcoming, their acceptance of the time demands of the student role, and their emotional investment in participants' degree decisions, did however appear to differ according to their own educational experience. This had an important influence on the emotional support they offered.

Before participants' began their degrees, their partners had been accustomed to having their own employment needs take centre stage. The time participants spent in pursuit of their nursing goal, which, detracted from the time they spent with the family, was often poorly tolerated. Chantelle offered her perspective on the reasons behind her partner's unhappiness of this situation:

[I] think this was a problem I'd always looked after him and all of a sudden it was 'well no, now I need my time as well'. I think men like to be special, they like to sort of feel like they're important. He probably feels second best.

Although partners' educational status appeared not to be associated with the domestic help they gave, it did seem to affect their tolerance of the time participants spent in university pursuits. Participants who did not have experience of university were described as becoming increasingly unhappy as the demands of the degree intensified. Participants often described these partners as becoming resentful, with some expressing their unhappiness through withdrawing from interactions, or using sarcasm. Other participants described how their partners pressured them for more attention, something Ella referred to as "badgering". This situation intensified the feelings of stress experienced by participants who were attempting to juggle university with domestic demands. Jennifer exclaimed:

I really struggled with splitting it all up [time divided between partner and study] and I didn't need that pressure.

The resultant tension within the relationship led to an environment that was not conducive to study, and one which participants felt had adversely affected their grades. Lauren explained how a lack of partner support meant she was "less able to focus" on her own studies. Some participants felt there was a direct association between their partners' unhelpful perspective of their degree, and their lack of university education. Chantelle, for example stated:

He didn't understand what it meant...Probably because he's only had the short courses.

In lacking personal experience of university as a frame of reference, these partners appeared unable to offer insightful response to participants during periods of stress, with some offering unhelpful comments, such as Georgia's partner's comment 'You shouldn't have gone into it if you couldn't handle it'.

Partners' personal investment in the degree and their acceptance of the time demands associated with study tended to vary with their own experience of higher education. Past graduates did, however, tend to be more accommodating of the time participants' spent in university activities. Ruth described her partner as someone who "treasures higher learning". A student himself at the time of her degree, he did not complain when she devoted time to study at the weekends.

Maggie described her husband as:

A graduate from a family of graduates... the most supportive person out of everybody... (he) thinks education is the key to

everything in life. When he knows I've got an exam coming up, he knows I'll be studying, so he keeps away from me.

Other relationships in which male partners were more willing to accept the time demands of the degree were those in which participants had comparatively lower competing work and family demands, and were therefore better able to draw on free time to study, rather than 'eat into' time they had previously dedicated to their families. In this situation, partners may be more willing to accept the comparatively lower time demands of university. Parallels can be drawn between the willingness of these partners to accept the time demands of the nursing degree with the willingness of male partners' acceptance of their female partners' decisions to work in paid employment outside the home, reported in a study by van Egmond, Baxter, Bulcher, & Western (2010). This study of Australian adult gender role attitudes found male partners' acceptance of women's paid work activities decreased as they increasingly interfered with the time she could spend attending to her responsibilities in the home. In my study, partners' acceptance of the time the women spent in university activities similarly seemed to decrease as the practicum placements lengthened throughout the degree.

Partners' who were more emotionally invested in the degree experience were more accommodating of its increasing time demands, and offered greater emotional support. Again, the educational background of partners was relevant, with graduate partners tending to see the degree as a shared experience. Leah, for example described her partner as "kind of there on the journey, which helped a lot". In contrast, non-graduate partners were commonly described as unwilling to invest in the university experience. These partners were often described as not taking the degree seriously, instead seeing it as a "bit of a fad" (Candice) or "just a will o' the wisp thing" (Georgia). Partners were also described as unable to envisage the potential benefits of the degree. Charlotte recounted how her partner, who had left school in year 10 (aged 15) "just couldn't see that far", and despite her attempts to involve him in her learning, he remained disinterested in her degree.

In some of these relationships however, participants felt their partners' investment increased towards the end of the degree. Participants often felt this change was brought about by partners' growing awareness of the degree's potential value, in particular, the tangible financial remunerations of a career in nursing.

Georgia: He's got that perspective where he's thinking 'Oh ok I will get behind this cause it is going to better our future'. Whereas before I think he wasn't so certain, you know... I think he saw it [her degree] as something less important but now he realises ...that I'll be working and the money that comes with nursing.

Of importance to the partners was the way this increased income provided them with an opportunity to alter their own personal work situations. This was particularly the case for partners who worked in FIFO jobs, positions which, despite being financially lucrative, necessitate long shifts and extended periods away from family. Most participants described their partners as unhappy with this form of work, with two (Sharon and Kim) ascribing their partners' mental health problems to their FIFO employment.

The promise of a better household income meant these partners could consider other employment options, which, although likely to be less financially rewarding, would not necessitate time away from family. Michelle described how her future plans to commence a full-time career in nursing, and her partner's decision to move from a full-time FIFO position to local, part-time work, would result in a radical swap of their respective roles. Interestingly, therefore, in the relationships where a swapping or 'blurring' of employment roles occurred, the idea of the male as the breadwinner seems to have become less important. As these partners increasingly valued the degree, they became more amenable to its imposition. For Michelle, and other participants who experienced this shift in their partner's perspective, this resulted in a reduction of tension in the relationship.

The transformational changes experienced by Keturah's partner was unique amongst the participants in my study, and appears not to have been reported in the wider literature on women's transformational experiences in

higher education. Like many other non-graduate partners, Keturah's partner moved from initial scepticism of the degree's value, to one where he became increasingly appreciative of its worth. Unlike the other partners who experienced this perception shift, he became motivated, not only by the degree's tangible benefits, but by an increasing appreciation of its intrinsic value, something Keturah described as "a really interesting transition for him". Keturah explained how this change of view had meant her partner was now considering studying at university himself. In this way, her personal growth had influenced his, and as a consequence, he became more accepting of her time away in university work.

The influence of the changing intimate relationship dynamics on later progression and future career plans

My study revealed that the woman's participation in higher education, and her resultant transformative experience, had an important influence on her relationship with her male partner. Significantly, this influenced her ongoing university experience, her capacity to progress, and her future career decisions. Few participants felt their relationship had not been changed during their degree. For a few women, their own personal growth led to a feeling of greater closeness and congeniality with partners. More commonly, participants encountered difficulties, with eight relationships breaking down. These situations were much more commonly encountered where partners had no university experience themselves. The women in these relationships found they needed to make a number of sometimes extreme compromises and sacrifices in order to progress in their degree.

Distress and conflict in the intimate relationship

For some women, experiences of personal growth had been profound. Kylie for example, described herself as "a completely different person now than [she] used to be". The women who had graduate partners found they increasingly shared common ground on social and world issues. Many described how this helped them feel closer to their partners. Ruth discussed how this manifested in her relationship with her partner, a masters' graduate and a part-time PhD student:

One thing I know is that before, things that I discussed with my husband is I couldn't see his point, where he was coming from, but now I kind of understand...when it comes to academic issues and big issues about life, yeah, we kind of seem to see things from the same point of view.

Although this increased feeling of closeness generally led to a more congenial home environment for these participants during their degree; an exception was Maureen's relationship. For her, the outcome was mixed. In some ways she felt happier that her relationship was "more equal", but this sometimes caused friction:

I think before it was more he was the boss... I think cause I stand up for myself more. He doesn't mean to be a bully but he can be quite, in how he does things.

In most of the relationships where the women was the first to go to university, the participants' changing perspective had a deleterious impact on the intimate relationship, with these women finding they began to grow apart from their partners. Judy, one such participant, explained:

It's made me realise how different we are...Jesus we really are different people, we are so different.

These women often described how they had begun to see their partners' outlook as narrow and poorly informed. Lauren for example, referred to her partner as seeing in "black and white", while Rebecca regarded her partner as "quite blinkered". The growing disparity in perspective between participants and partners often led to tension.

Rebecca: It can sometimes cause friction when he's still got a set mindset and mine's changed.

Participants often made a direct association between their higher education experience and the emerging disparity of views within their intimate relationship. This is illustrated by Frankie, who observed:

If he had also studied it would have been different, it would have changed him [as it had her].

These changes echo those of other mature-age women students in Australia, who, in a study by O'Shea and Stone (2011) also described rising dissatisfaction with their partners' comparative lack of personal growth. As one participant in this study noted "...I get a little bit frustrated with him sometimes because he still thinks the same" (2011, p. 282). In my study, these women found that by the final stages of their degree, the 'common ground' they had previously shared with their partners had diminished.

Women's personal transformative experiences (discussed in Chapter 7) diminished some women's acceptance of partners who were unsupportive and unaccommodating of her degree decisions. Ros, for example, described how her own perspective of her partner's contribution to household tasks had altered over time:

If you'd asked me before [the degree] about that I would have said 'no, he helps out a lot', but yes definitely [my views have changed].

Lauren's idea of the fair division of domestic work had also changed during the degree. Initially seeing housework as woman's work, she increasingly felt it should be shared according to the time available to each individual within the relationship. Her partner's view however, had remained unchanged. Lauren described this newly contrasting stance between herself

and her partner as “some kind of feminist thought versus the traditional thought process”.

The ongoing reluctance of partners to increase their contribution often caused stress within the intimate relationship. Anne, for example, came to regard her husband’s contribution within the home with disdain, referring to him as “more work than the children”. Lauren described how the unfairness of the situation caused arguments:

Well I guess we sort of busted heads a lot over it, because it was like ‘I’ve worked the same number of hours, just in three different jobs’. We had both been working the same. We both lived here, we’re both parents.

Partners’ reluctance to help often meant participants resorted to more strident measures, with some describing how they began to ‘nag’. Some found partners did not relent until participants had become emotionally distressed. Georgia told how she “got to the stage of a mini breakdown” before her partner would help. In these situations, the university came to represent a disruptive influence on the intimate relationship, with participants describing “rocky periods” (Rebecca) and “heated discussions” (Charlotte). Partners’ and participants’ views concerning domestic responsibilities became an increasing point of conflict, as partners continued to resist performing an equitable role. This situation left many of the women in a situation where they needed to compromise and make sacrifices in order to continue in their degree. This has been described in more detail in the section on navigational capital in Chapter 7.

Compromising career ambitions to alleviate relationship conflict

Many of the women who did not separate from their partners found that by the end of the degree, their relationship was in severe difficulty. Kylie described how she and her partner were “just hanging on together”, and Sharon described her relationship as “falling apart and getting really bad”.

Some saw the upcoming graduate programme period as a further threat to the intimate relationship. These programmes, which are offered by most

hospitals and some community healthcare sectors, provide a level of supervision for new graduate nurses while they are newly employed as a registered nurse. Although not essential, the completion of a graduate programme is regarded as a valuable step towards future nursing career opportunities in Australia (Mason, 2013). While classes, study and assessments would be over, this programme, requires new graduates to take a practicum of 30 to 40 hours a week, usually for between six months and one year. Participants who found their relationships had suffered during the degree, often voiced concern about the potential impact of this new challenge. Candice exclaimed:

I think this degree is really hard on a marriage I really do. I'm actually crapping myself if I get a grad programme, because I think 'Jesus that's like a continuous prac.' and I'm already thinking 'Oh my God, what the hell?'

The desire to lessen the impact of the graduate programme on the intimate relationship, and to return to a more congenial situation with partners, had an important influence on many women's future plans. Many women described prioritising geographical location and the option to work part-time over their personal career interest. Candice, who felt her graduate programme would represent a "real testing time" for her relationship, chose her graduate programme placement because it was the nearest one to home, rejecting the possibility of applying to a hospital that could cater for her preferred specialty, as it was further away. Similarly Ros, although interested in a six month graduate programme in a rural location, turned down a placement she had secured because of her partner's reluctance to accommodate this temporary move. Perhaps a sign of how the intimate relationship can impede women achieving personal goals, Ros described how she had fleetingly asked herself "why am I married?" These women therefore returned to a position where they once again prioritised the needs of their family over their own, and subsequently compromised their career ambitions.

The period following the graduate programme was, in contrast, eagerly awaited by women who had struggled with their relationships. This was anticipated to be the time when they could take the opportunity to return to 'normal life', that is, their life before they began their degree journey. As such, it was often described as 'the light at the end of the tunnel'. Later employment paths were therefore carefully selected so that their activities would, once again, fit around the family, rather than their own goals and aspirations. Rebecca, for example, who had completed her degree full-time, hoped to secure a part-time job that would fit around her school age children, explaining she would "maybe do a few weekend shifts or night shifts to fit around the family".

This feeling of relief at the approaching completion of the degree, and the cessation of its impact on family life, was also described by the mature-age women university students in Kevern and Webb's (2004) study, which was selected in the thesis literature review (Chapter 2), 2004). For the participants in my study, the nature of nurse education in Australia means that, in reality, the return to 'normal life' would be delayed by the graduate programme, and also difficult to achieve in the longer term because of the shift patterns used in most workplaces, and the expectation that nurses will continue personal development as accountable professionals.

Removing the obstruction of the intimate relationship

For eight participants, the intimate relationship was sacrificed. These women all described how their partners' behaviour had become increasingly obstructive to their progression. Partners sometimes used verbal abuse, such as belittlement, or indulged in behaviours that created a tense home environment. Jennifer described how this manifested in her relationship, saying:

It was anger and verbal abuse... he would just put me down as far as my study goes ...in a way of demeaning the study, like it doesn't really matter about my nursing degree at the end of the day.

The women described other ways in which their partners' obstructed their progression, including the planning of events during semesters. Chantelle described how her partner booked a family trip to Bali during her fourth practicum, despite her clear instructions not to do so. While not initially seeing this as a deliberate act of sabotage, she felt on reflection it had been, saying:

At the time I didn't know anything different, but now I think in ways he was blocking me coming [to university].

Some participants who experienced obstructive behaviour or abuse described how they felt this had arisen out of their partners' concern about their growing educational achievement, and the resultant change in the intimate relationship dynamic. In these relationships, the balance of educational status would swing in the women's favour once they graduated. Frankie's perception of the situation reflects this:

I think in the back of his mind he thought I was going to be more qualified, and around more qualified people than him.

The idea that the university can represent a threat to male partners has also been suggested by a number of other studies of women's experiences in higher education, (Meachin & Webb, 1996; O'Shea, 2014; Wainwright & Marandet, 2010; Wilson, 1997), with a UK study of women nurse students (Meachin & Webb, 1996) reporting how one student described how her partner began to feel insecure at the prospect of "being left behind", adding, "I'll grow, he won't" (p. 184), and in later studies of . These women felt this perceived threat contributed to the conflict within the intimate relationship.

All eight participants who experienced separation felt their degree had in some way initiated, or accelerated the process. Five of these women described how their partners' ongoing obstruction to their progression had prompted them to make a conscious decision to end their relationships. These

women sacrificed their relationship rather than their degree goals; a decision illustrated by Jennifer:

My uni was my number one before anything else... I didn't need that pressure [of her partner's behaviour]...I wasn't going to let that go...or suffer [her degree].

The breakdown of the intimate relationship had a mixed, but profound effect on participants' ongoing progression. Following separation, participants often expressed feelings of relief. These women had rarely received any help at home with domestic work, and had coped with resentful and sometimes obstructive attitudes from their partners. Separation from their partners enabled them to refocus on their studies. Lauren, for example, described how her separation had benefitted her later progression:

I know it sounds terrible like I'm winning from the separation. I'm still doing everything that I always did, you know. When he was on shifts I was the one who cleaned, I was the one who cooked, did the dishes, so I've always been the one. But now I have more time cause he takes the kids... [at weekends]. I don't feel like I have to walk on eggshells all the time, because me saying I have to study all the time would get his back up.

Jennifer, whose partner had been emotionally and verbally abusive during their relationship, also described her separation as a positive influence on her continued progression:

Oh I felt so much freer... I could go back to looking after me and just focusing on uni, there wasn't that distraction, it was such a relief.

While relieving tensions, separation nevertheless raised some challenges for participants. Many found they struggled with the emotional impact of their separation; Judy described the period of separation as a “long dark tunnel”, and Frankie referred to it as a “time of trauma”. These women felt their progression was adversely affected because of the emotional trauma associated with their separation. Chantelle, for example recalled how she “almost screwed up” in the semester she separated from her husband.

Inconsistent consideration and support offered by the university compounded the difficulties these women faced in managing their degree. Participants who sought non-academic pastoral services found they were helpful, but not well advertised. Frankie, described how she struggled alone a number of weeks before becoming aware of the service, saying “it’s there if you research it, but there’s not a pop up”. While Frankie persisted, the limited accessibility of this important source of support may lead others to leave their degree.

After separation, most of the women moved home, often to a new area. They also found they had to increase their paid work hours to support themselves and their children. These factors, coupled with a cessation of any help from partners in childcare meant they found practicum placements less accessible. Despite this, some remained reluctant to seek support from the university. Lauren found the location and timing of an upcoming practicum placement made it inaccessible after her relationship ended. However, she did not approach the School with this problem because she perceived it to be rigid and inflexible. This belief had been formed early in the degree, when staff had made their position clear with regards to requests for changes of practicum placements. Lauren stated:

[They told us] Don’t ask us to change pracs round ‘cause it’s not going to happen. Suck it in, suck it up, do this, just get on with it, we don’t want to know about your personal situations, cause it’s got no effect on us...and you’re just like ‘shit!’

As a newly single mother of two young children, Lauren instead deferred her practicum placement and later switched to part-time study, taking her degree over ten semesters instead of six. In this way she could meet her degree requirements while caring for her children and earning an income as a newly single mother.

Others who did approach the university for help with their practicum allocation received varying responses, depending on the individual staff approached. Frankie's experience illustrates this mixed response from the university. On separating from her partner, she requested more practicum late shifts, a change that was necessary to fit in with childcare opening hours. Frankie stated the response from the School to be:

Nursing is a non-flexible degree, and a non-flexible environment.

This rigid approach left her in a situation where she felt her only option was to leave university. Her mother stepped in however, rearranging her own work for a month to support her. This source of family support was crucial to Frankie's continued progression. The following semester, Frankie approached a different staff member, who did not hesitate to rearrange her shifts patterns. She summed up her experiences with advice for future students in her predicament, saying:

So when you write this up, I would say for people who think it's not going to work, 'try and try again and ask someone else'. Because you're always going to get someone who says 'no no', the next ten people will say 'yes'.

Future plans following graduation also altered as a result of separation. A complex interaction of factors, including a reduction in income, a lack of shared child care and the need for stability after the trauma of separation and the loss of the shared family home, became important considerations. Chantelle, who moved in with her parents after a difficult and traumatic

separation from her partner, explained how, as a result, she had made the decision to work part-time so she could get her children “grounded and settled in their new home without their father”. Judy, in contrast, had hoped to work part-time, however, the loss of her partner’s financial support meant she had to apply for full-time work, so that she and her children could remain together in her new rental home. In each case, these newly single mothers were placed in a situation where compromise was unavoidable.

Key Insights

The insights created from these discussions is now presented. These offer new and detailed understanding of the profound influence of a complex interplay of gender norms, participation in education, and intimate relationship conflict and breakdown, on women students’ university experiences and future career plans.

Traditional Gender Norms, the Good Wife and Mother, and the Breadwinner

The influence of internalised gendered norms on the behaviours and roles performed by the women students and their partners was decidedly evident. This in turn had a profound influence on the women’s university experiences.

The idea of gender in my study aligns with the widely accepted view of Acker (2006), Connell (1995) and West and Zimmerman (1987), who referred to it as a socially constructed identity and set of behaviours, influenced and reinforced throughout life, via exposure to social norms, stereotypes and through interactions with others.

Russo’s seminal work ‘The Motherhood Mandate’ describes how society determines a woman’s value by the amount of effort and time invested in her role as a mother (1976). In this work, Russo introduced the idea that, in order to be viewed as a ‘good mother’, a woman must, at all times, prioritise her care of her children over paid employment outside the home. Although this phenomenon was first described some 40 years ago, it appears that for the women in my study, the idea of the good mother continued to exert a

significant influence, taking precedence over their education and longer term career goals.

In my study, participants' ongoing determination to continue as the "perfect wife and mother" (Frankie), meant they avoided requesting help from their male partners. Overall, their behaviour strongly reflected all three dimensions of maternal gatekeeping (Allen & Hawkins, 1999), described in Chapter 2. The first dimension, 'the setting of high and inflexible standards and expectations around housekeeping and childcare', was evident, and their belief that their partners' could not achieve these standards curtailed their requests for help. This lack of help-seeking behaviour may be explained through the second dimension of maternal gatekeeping, 'the validation of maternal identity'. Allen and Hawkins contended that women are socialised into believing their role should be centred on family and home, and that this provides them with a source of identity, satisfaction and self-esteem. Nearly all the women in my study had been employed in lower-skilled paid work before they began their degree, with most describing how they felt disempowered and uninspired in these positions. As such, this work was not a source of self-esteem or personal satisfaction outside the home. These women instead gained their self-worth from being a 'good mother'. Having a male partner take on some of the domestic duties at home could potentially erode their unique position in the family, and in doing so, diminish this associated self-esteem and satisfaction.

The third dimension, the belief in, and expectation of differentiated roles according to gender, was also apparent. Almost all the participants held traditional notions of femininity and masculinity, and this manifested in their intimate relationship, through a clear division of household responsibilities. This reduced women students' capacity for agency at university, which not only affected achievement, but their future career choices. While Allen and Hawkins (1999) described just 22% of their random sample of women in their USA study adopted these divisions, this form of gatekeeping behaviour was particularly common among participants. Findings from two national surveys of Australian heterosexual couples (Baxter, 2014; Baxter & Western, 1998) offer an understanding why this may be. In both studies, mature-age students

who began their degree with comparatively low educational achievement were more satisfied with an unequal division of domestic labour. This education scenario was common amongst the women in my study.

Participants described how partners saw themselves as the main breadwinner, with little responsibility within the home. Their traditional notions of gender further compounded the dilemmas these women experienced during their degree. Although the idea of the male as breadwinner in many OECD nations has been continually diluted as more women enter the employment market, in Australia, where many women work part-time, it remains strong (Baxter & Hewitt, 2012), and has been described as “alive and well” by Stone and O’Shea amongst mature-age students in Australian universities (2013, p.98). Men who see themselves as the breadwinner typically contribute less to domestic work than those with more egalitarian beliefs (Chesters, 2012). This was evident amongst the women’s partners in my study, and contributed to the insufficient and inconsistent familial capital they offered (see Chapter 7).

A consequence of both the participants and their partners’ reluctance to alter the status quo in the relationship was that the women became responsible for an increasing burden of tasks. This phenomenon has been previously described in Hochschild’s (1989) study of employed women in the USA. In this study, Hochschild referred to the domestic load waiting for women following their day at work as their ‘second shift’. Kramarae (2001) subsequently described how, for women students taking online courses at university, a ‘third shift’ had been added to this equation. For the nurse students in my study, the nature of this ‘third shift’ fluctuated throughout the degree, with the altering demands of the practicum placement making the situation even more onerous.

The timely and explicit communication of practicum information has been described as essential to the retention and success of mature-age women studying nursing (Kevern & Webb, 2004; Wainwright & Marandet, 2010), with Kenny, Kidd, Nankervis and Connell describing this as a “heightened requirement” for older students (2011, p. 115). Denying student participation in the planning of their own practicum rotation dates, withholding or delaying of information about practicum times and locations, and refusing

parking access to hospitals, effectively deprived these women of the opportunity for self-determination in their student and personal lives. While they continued in their degree, for many, this meant personal achievements and ambitions had to be compromised.

Education as a Liberaliser of Gender Norms

As social constructs, perceptions of femininity and masculinity are influenced over time, through interactions with others and exposure to new social situations and learning experiences. As these women underwent a transformative learning experience during their higher education journey (described in Chapter 7), (Mezirow, 1991; 2003), they developed a greater ability to question and critique ideas and situations, enabling them to re-evaluate previously internalised ideas and beliefs. Significantly the process of education has been linked to an increasing liberalisation of gender views (Baxter, 2014; Brewster & Padavic, 2000; Kane, 1995). This seemed to be the case for the women in my study whose attitudes towards gender roles and expectations of themselves and their partners became less rigid over time. As a result, some participants reprioritised their roles at home, so they could continue in their degree. The guilt many felt in doing so may be explained as a consequence of gender role stress, described as the emotional suffering and conflict experienced by individuals when entering a situation where they are no longer fulfilling their 'traditional' gender roles (Gillespie & Eisler, 1992).

As a social construct, gendered norms of masculinity are theoretically as malleable to change through new and varying experiences, as are perceptions of femininity. However, in contrast to the participants, the partners were, not directly exposed to the transformative learning experiences of higher education, and its influence as a 'liberaliser' of gender perspectives. Consequentially, partners' ideas about appropriate behaviours did not change, and they continued to resist any shift in the gendered division of domestic roles within their relationship. Interestingly, Greenstein's (2004) theory of deviance neutralisation may help to explain why many partners refused to support participants in these domestic tasks, when this was so evidently required. This theory postulates that when men and women are put in a position of gender

deviance (where their roles and lifestyles do not reflect traditional gender expectations of masculinity and femininity), some will overcompensate to neutralise this position. It can be argued that in refusing to help with domestic tasks, partners were attempting to offset the position of gender deviance they had been asked to adopt. This behaviour may ultimately therefore reduce their own experience of the phenomenon of gender role stress described by Pleck (1976). This theory could also provide a better understanding of the participants' initial efforts to maintain their traditionally female roles at the start of their degree. By doing so, it seems they were attempting to compensate for their decision to pursue their own goals, something not traditionally seen as feminine behaviour. Ultimately, this may have helped to minimise their own experience of gender role stress.

Applying the premise of education as a liberaliser of gender notions, it could be argued that the six male partners who were past graduates should have been more willing to accept a greater share in 'feminine' domestic tasks, having been previously 'liberated' through their own educational experience. In reality, with the exception of Ruth's partner, they did not. Revisiting the idea of gender as an identity and a set of behaviours which have been influenced and reinforced throughout life, via exposure to social norms, stereotypes and through interactions with others (West & Zimmerman, 1987), may provide some insight into the situation. Most of the women in my study had been in a relationship with their male partner for many years before they began their degree. The roles and duties within these relationships had settled along well-established gendered lines. Within all six relationships, the women had been employed in a supporting employment role, usually part-time, casual and often in lower skilled occupations before they went to university, while their partners took the position of main breadwinner. This pattern of employment acted to reinforce the distinct gender roles within the relationship.

A further factor that requires consideration here is Greenstein's finding (1996) that women's gender beliefs acted as better predictors of the division of domestic duties in a relationship than male partners' ideas of masculinity and femininity, be they traditional or liberal. In my study, with the exception of Ruth, none of the women in relationships with graduate partners had

previously studied a university degree themselves. These women may therefore be assumed to have had more traditional views of gender at commencement than their partners. The idea is strengthened by the finding that Ruth and her partner were the only couple of the six to negotiate a change in division of domestic duties at the time she began her degree.

Whilst partners' past educational experiences did not predispose them to share domestic tasks, it did appear to be associated with the emotional support they offered. Emotional support is identified as particularly important in helping women cope with the stresses of university life (O'Brien et al., 2009; Wainwright & Marandet, 2010). In my study, graduate partners tended to value education, and were comparatively more invested in the degree and tolerant of its time demands. This could be, in part, explained by their own cultural capital; their personal experiences of university provided them with an informed frame of reference enabling them to appreciate the demands of the degree and understand its potential benefits. It was fascinating therefore to see that, as Keturah shared her higher education experience with her partner, who had not been to university, he became increasingly accepting and accommodating of the university's intrusion within their private lives. Bourdieu (1986) proposed that embodied cultural capital is transmitted over time from parents to their children, with this process heightening their children's disposition towards higher education. It could therefore be argued that through his vicarious experience of the nursing degree, Keturah's partner gained access to her growing resources of cultural capital, and that this supported the emergence of his personal ambition to go to university.

Towards the final stages of the degree, a few partners without past educational experience also began to invest in the participants' degree. Unlike Keturah's partner, they had no ambition to study themselves, but became less resistant to the participants decisions to do so. This change in perspective appeared to be motivated by its extrinsic reward of financial gain, a situation also reported by Edwards in her study of mature-age women students in the USA (1993). In my study, this increasing accommodation was common amongst couples where partners were FIFO workers. These jobs are known to be associated with worker emotional distress (Pini & Mayes, 2012;

Torkington, Larkins, & Gupta, 2011), to the extent that the Western Australian Government has been involved in developing mental health support mechanisms in the FIFO workplace (Department of Mines, Industry Regulation and Safety, 2018). Irrespective of motivation, this change in perspective was an important factor supporting participants' later progression.

The importance family members' educational status on the student experience is not altogether new, with the relationship between parental education and student success widely reported in the literature on first-generation students (Thomas & Quinn, 2007; Ward et al., 2012). Notably however, my study revealed that the educational status of other family members is also important, with that of partners, arguably, the most influential. In my study, the woman student's agency, and the availability of student capital within the intimate relationship was strongly associated with their partners' educational status.

Power, conflict and compromise in the intimate relationship

My study not only demonstrated that being in an intimate relationship had a profound influence on the women's university experience, but that this experience also had an impact on the relationships itself. This relationship was therefore iterative.

Women who were the first person in their relationship to study at university were particularly vulnerable to relationship tension and conflict. This can, in part, be explained by the shifting power status within the relationship. As with the women university students studied by O'Shea & Stone (2011), as participants became more confident in their expression of their own needs and opinions, they altered the "traditional hierarchy" in their intimate relationship (p. 282). According to sociologist Annette Lawson, "education has the power to change people in fundamental ways...power is the clue" (1990, pp. 187-188, author's emphasis). In becoming educated, people obtain greater power. Where this power is acquired by women, conflict can result. As Lawson argued, this can be a particular occurrence in traditional society, where it is felt to be "unnatural that wives should be more independent, more capable, more educated than their husbands" (1990, p. 188). As the women in my study became more educated, the power held by their male partners was

increasingly challenged. Partners who were seen as obstructing participants' progression were described as particularly threatened by the prospect of participants becoming increasingly knowledgeable and mixing in more highly educated circles, and by their increased belief and prioritisation of their own needs within the family.

In studying the construct of masculinity, Eisler and Skidmore (1987) have found men who experience threats to their dominance, power and control are particularly vulnerable to gender role stress. This is especially experienced by men who hold stereotypical masculine ideas, and who are placed in positions in which they are no longer able to fulfil or demonstrate those roles. This clearly describes the situation in which many partners found themselves once participants began their degree, and may provide an explanation for some of their unhelpful attitudes and behaviours. O'Neil (2008; 2015) has also described how threats to the rigid gender perceptions amongst more traditional men results in gender role conflict, a psychological state that may result in attempts to control others, and displays of anger. These behaviours, described by many of the women in my study, had negative consequences, not only on the women's progression, but also the interpersonal relationships.

Such was the tension within the relationship that, by the end of their degree, some women had begun to make plans to compromise their future career goals. Despite describing their passion for nursing, and their experiences of widening world views, these women had begun to foresee a reversion to a place where their ambitions were once again compromised by the family, rejecting positions in preferred specialties if they did not fit with childcare, school runs and partners wishes. This 'reversion' of expectations and behaviour reflected that observed by Edwards, who, in her study of mature-age women in higher education, concluded "the women did not really redefine standards at all; they just held them in temporary abeyance" (1993, p. 79).

For some women, the suspension of their role as 'the perfect wife and mother' during their degree may have been regarded as an unwelcome but necessary sacrifice, made to enable their achievement of their nursing goal. In these situations, the ability to once again fulfil the roles associated with

traditional femininity may mitigate any feelings of gender role stress and represent a welcome relief.

Alternatively, however, for those women who had described a changing world view, and who had begun to question their past roles and sacrifices for the family, such a return to heightened domesticity, while appeasing short term stress, may result in longer term resentment and discontent. The end of the university journey and the start of a career in nursing may therefore bring new challenges to the intimate relationships, and to the women's capacity to sustain their participation in the workforce.

While not the focus of this study, this finding has implications for the sustainability of a nursing workforce that is increasingly comprised of mature-age women. The retention of women in intimate relationships in the nursing workforce is therefore included in the recommendations for further research in Chapter 9.

Educational heterogamy and relationship breakdown

Although few studies have researched the influence of women's participation in higher education on the intimate relationship itself, those that exist have found they are particularly vulnerable to tension and breakdown. This finding were also reported by Meehan and Negy, who described "significantly high levels of marital distress" amongst married American undergraduates, (2003, p. 670), and by Howard (2002), who reported statistically significant numbers of relationship problems and breakdown of UK nurse students, compared to the general population. While Meehan and Negy's quantitative study did not offer any insight into the reasons for this, the qualitative findings in Howard's study associated this to male partners' unwillingness to accommodate the changes brought about by the women students' personal growth, such as greater confidence and questioning of life issues. My study provides a deeper and more extensive understanding of how and why a woman's participation in a nursing degree may be detrimental to her relationship with her male partner.

In sociological relationship research, this phenomenon can be explained through an understanding of relationship 'homogamy' (similarity)

and 'heterogamy' (difference). The majority of relationships are comprised of partners reporting homogamous values, beliefs and social status; indeed couples are believed to be attracted to these shared similarities (Blackwell & Lichter, 2004; Bumpass, Martin, & Sweet, 1991; Bumpass & Sweet, 1972; Fu & Heaton, 2008). In my study, participants and their partners demonstrated high levels of educational and occupational homogamy at the start of the degree. The majority had similar levels of education, and although the male partner was the main breadwinner, most worked in similarly skilled occupations. Both participants and partners also performed the traditionally gendered roles described by Levant (1992) and Mahalik et al. (2003; 2005).

Sociological studies have reported that homogamy usually strengthens relationships, whereas heterogamy may lead to destabilisation (Becker, Landes, & Michael, 1977; Booth & van Ours, 2009; Bumpass et al., 1991; Bumpass & Sweet, 1972; Heaton, 2002; Heaton & Pratt, 1990). The participation in higher education of the women in my study resulted in an overall reduction of homogamy of educational achievement between partners. For most, it meant the woman became the more highly educated partner. In doing so, these women moved into a different cultural group from their partners, and began to feel more distant from the previous culture they had shared with their partners before commencing their degree.

In his Stages of Student Departure Theory, Tinto (1998) argued that students may need to reject the values of their old groups, such as family and friends at home, before they can embrace those of the new groups they encounter at college. Although generally seen as unnecessary and unrealistic with the mainly mature-age students, in my study, it seems this was necessary among some of the women who were the first to go to university. In these relationships, the values originally shared with partners became increasingly incongruent. This disparity of world views, and the threat this posed to the women's personal goals, led to significant tension within the relationship. For some, membership within this 'old group' became untenable, and ties were severed.

An analysis of the national survey of Household, Income and Labour Dynamics in Australia (HILDA), Butterworth, Oz, Rodgers and Berry (2008, p.

vi) revealed a ten-fold greater risk of divorce/separation, compared to the mean, when the woman had tertiary qualifications and the man had no post compulsory education. This was not the case when the situation was reversed, where a greater than average level of relationship stability was found. Such was the difference in results, that the authors recommended further research into this phenomenon.

While my study cannot offer a definitive explanation for these findings, it is evident the challenges of the university degree has a profound impact on the dynamics of the intimate relationship when the woman attains a higher level of education than her male partner.

Although the women who separated from their partners during their degree often did so in order to continue at university, they, like the women who did not separate, found they had to compromise their future career choices. For these women, this was a practical necessity, imposed by financial difficulties, housing options and their new status as a single parent.

As most couples who form relationships begin in a position of educational homogamy (Bumpass et al., 1991; Bumpass & Sweet, 1972) - a situation reflected in my study, the implications for the intimate relationships of women who study nursing, is concerning. The potential ramifications of relationship breakdown for women students, and their dependent children is discussed in Chapter 9 (higher education as a vehicle for social justice for women students).

Chapter Nine: Conclusions and Recommendations

Overview

This chapter synthesises the key insights across Chapters 6 to 8 into a comprehensive conclusion that argues for a new approach to nurse education, one that recognises the importance influence of the woman student's lived reality on her university experience.

A key aspect of this lived reality was the traditional notion of gender within the intimate relationship. This had a profound and prevailing influence on the women's university experience. Perceptions, expectations and behaviours informed by these ideas of gender tended to reduce the women's agency, and her capacity to engage academically and socially at university. As the nursing workforce shortage looms, this is a deeply concerning finding.

Exploring the student experience through the multidimensional framework of student capital revealed women's lived reality had further, often mixed influences on their university experience. Even though the dissonance of expectations between the university, the student and her partner limited the women's agency, their past life experience, maturity and established career goals furnished them with an array of strengths, skills and attributes that provided compensatory support throughout their degree. Whilst in some ways encouraging, this conclusion suggests that women students with more limited access to these compensatory dimensions of capital may be particularly vulnerable to attrition.

As the women's lived reality changed, so did their ability to progress in their degree. Over time, the changing dynamics within the intimate relationship, the changing availability of student capital and the fluctuating nature of the degree curriculum meant the women faced a diverse series of threats to their progression.

A summary of these conclusions suggests that women who study at university while in an intimate heterosexual relationship may benefit less, in terms of social justice, than other students in higher education. These

conclusions are now described in detail. From this learning, a change in nurse education is recommended, to one that provides a more equitable experience for women who study nursing while in an intimate relationship. An approach underpinned by the four principles of social justice: participation, equity, rights and access is proposed, translated into practice through the adoption of a personalised, responsive model in the university and healthcare settings.

The way the learning created from this study can be transferred to benefit the university experiences of women students in intimate relationships in other degree disciplines is also considered. The chapter ends with a reflective summary of the study and recommendations for further research.

Conclusions

Understanding the influence of the woman student's lived reality on her university experience

Improving student outcomes requires approaches that “engage the whole person: what they know, how they act and who they are” (Dall’Alba & Barnacle, 2007, p. 683). This understanding relies on an awareness of students’ lives outside university, as well as their interactions within. The study’s conclusion discusses how the woman’s lived reality influenced their university experience and their opportunity to progress and achieve.

Gender and opportunity in nurse education

A woman’s gender is well recognised as social determinant that limits her power, opportunity and choice throughout life (WHO, 2010). The WHO lists “five basic elements of gender” (p. 13) that limit women’s health experiences and outcomes. These are: the interaction between women and men in their relationships with each other; gender norms and traditions which offer males greater privileges choice and power; the influence of other ‘identities’ of women and men on opportunity, related to age, sexuality etc.; the women’s tradition and culture and changes associated with these; and the perpetuation of these inequitable situations by institutions including education and health (WHO, 2010). My study has demonstrated that each of these ‘elements of gender’ also influence women students’ educational experiences and outcomes.

Described by Davis and Greenstein as “highly gendered institution[s]”, (2009, p. 95), ideas of gender and responsibilities between couples tend to become polarised within marriage, with women and men assuming distinctly ‘feminine’ and ‘masculine’ roles and responsibilities. These ideas and responsibilities were particularly problematic for the women in my study.

American sociologist Kimmel has argued that gender is “one of the central organizing principles around which social life revolves” (2004, p. 5). For the nurse students in my study, life revolved around highly traditional ideas of femininity, which manifested as the homemaker and the ‘good mother’. These ideas acted to delay commencement, challenge progression and curtail future career plans. Traditional ideas of femininity influenced the women’s gatekeeping behaviours, subduing their expectations of their partner’s domestic support. Meanwhile, partners’ similarly traditional views left them unwilling to offer this support. Unable to draw on extended family, these women carried the burden of university alone.

This aspect of the women’s lived reality outside the university reduced their capacity to engage within the social and academic culture of higher education. This exacerbated the early difficulties associated with the students’ sociocultural incongruity.

The unrelenting challenges of the nursing degree meant the women’s continued progression came at a series of costs. While every student must compromise and prioritise in order to succeed, for the women in my study, these compromises were often severe. The rationing of relaxation time, sleep and social interactions meant some found their wellbeing was affected. The sacrifice of personal academic achievement, and compromise of career ambitions was also common. For eight, the women’s relationship with her partner was sacrificed.

These conclusions reflect a globally recognised understanding that gender influences a women’s power, education and life opportunity (WHO, 2010). However, in Australian nurse education, an understanding of the importance of gender on student opportunity and success appears not to be considered. This also seems to be the case in some of the major theory on the

student experience. An apposite example is Tinto's body of work. Introduced in Chapter 2, Tinto's ideas are described as "the cornerstone of research" in the area of the student experience (Morrison & Silverman, 2012, p. 77) and are widely used to inform student support strategies in higher education (Seidman, 2012). These ideas are frequently cited in the nursing and other student experience literature, including the studies selected in Chapter 2.

It is important to first note that some aspects of Tinto's body of work have been valuable in interpreting the experiences of the women in my study. Most pertinent are his recognition of the need to contextualise the student experience to the local situation, to extend this understanding past the early transition phase (Tinto, 2012), and to approach this understanding from the student's perspective (Tinto, 2017b). Equally important is Tinto's acknowledgement of the external influences that tend to 'pull' the non-traditional student away from the university (1993). Tinto's ideas of belonging, cultural sub-groups and vocational goal commitment are also particularly relevant to the women in my study.

Importantly however, Tinto continues to relegate the experience of women and their lived reality outside the university. His continued prioritisation of the importance of student integration behaviour within the university therefore restricts the overall application of his work to nurse education. Tinto's 'classrooms as communities' strategy (1997) for example, while positively evaluated in his own research, would disadvantage women nursing students who have external competing responsibilities. In this teaching strategy, students commit to predetermined class times across a number of semesters, thereby continuing with the same 'community' of students for much of their degree. Tinto found this approach increased student attendance, participation in learning, and most importantly, social and academic integration. While seemingly attractive, this approach would be less successful with nurse students, a group with a markedly different lived reality to the young American school-leaver students who took part in Tinto's 'classrooms as communities' project. New teaching approaches in nursing must instead align with the culture, needs and capacities of its own students.

Central to this is an understanding of gender as a social determinant that influences student agency and opportunity. Other than a recognition of older women's external roles as potential barriers to participation, Tinto does not include this understanding in his work. Crucially, he does not consider the power differentials between women and men in society or within higher education itself. Where gender and other factors associated with a student's lived reality outside the university are considered, they are done through the perspective that the university has little capacity to address such "private issues" (2007, p. 6).

This idea of gender relationships as private or domestic issues into which the university must not, or cannot intrude, is reflected in other research, including an Australian study of student attrition by Grebennikov and Shah (2012). In this, the authors referred to key influences on student attrition as "a mix of issues that the university could address, and more general life factors that were beyond its influence". One attrition factor seen to be beyond the remit of the university was "family pressures" (p. 232). Like Tinto, Grebennikov and Shah argued that universities should restrict their attention to those factors that were "internal to universities and... within immediate institutional control and action" (p. 225).

Feminist researchers of women's experiences however argue that public organisations must consider women's personal lives in their responses to public need. For women, they argue, 'the personal is political'; their life choices and opportunities highly influenced by patriarchal political and structural systems (Hanisch, 1970).

Edwards (1993) has highlighted importance of women's private lives on their educational opportunities, arguing that for women students "the public and private worlds generally, and specifically here in the form of education and family, are not separate entities" (p. 15). For Edwards, the 'roles' women assume as mothers and partners within society are integral to their personal identity of being female. As such, these roles cannot easily be shaken off or exchanged for other roles more conducive to student life once they begin university. Mature-age women, she argued "do not just bring their experience

[of being a mother and partner] with them, they are their experience” (1993, p. 10)).

In their management and organisation of the nursing degree curriculum, the university and the healthcare sector seemed to disregard the potential influence of women’s private lives on their capacity to engage. The assumption appeared to be that all students could prioritise their degree over their domestic duties and were able to plan their time in study and clinical practice at short notice, and without consideration of any competing responsibilities. It can be argued, that in doing so, nurse education continues to view nurse students as young, single adults, at a time when mature-age women now dominate nursing degree courses and nursing practice.

The university and healthcare’ sectors’ expectation of women students to demonstrate these traditionally ‘masculine’ behaviours is somewhat contradictory to the ‘feminine’ behaviours expected of nurses in practice. Nursing as a profession has been regarded as one which subscribes and even promotes traditional ideas of femininity, with nurse students taught to nurture and provide care for others, while following the orders of medical doctors (Levant, 2011; Ridgeway & Correll, 2004). As nursing students, the women in my study were similarly expected to demonstrate and perfect these qualities in their clinical practice. Ironically for such a female dominated discipline, this series of contradictory expectations, coupled with the disregard for women students’ personal lives placed the women in my study in a series of inequitable situations throughout their degree journey.

As nursing tends to attract women with traditional ideas of gender, and increasingly those who are mature-age, these expectations are becoming less and less congruent with the nurse student demographic.

Dissonance and the university experience

A dissonance of expectations between the women students, their partners and the university was evident throughout the women’s degree journey. This was almost overwhelmingly detrimental to the women’s progression. As students who experienced high levels of sociocultural

incongruity with the university, these women were poorly academically and socially integrated from commencement.

From a social justice perspective, the equal opportunity to learn is a right of all university students. A students' academic integration is an important factor supporting this learning. To support and enhance this integration, the university must facilitate students' opportunity to engage with its culture, systems and learning processes. This increases the prospect of early achievement, something which, in turn, builds self-efficacy and supports retention and progression (Bandura, 1977; Ramos-Sánchez & Nichols, 2007; Zimmerman, 2000).

This acculturation process relies on the 'demystifying' of the university systems and expectations, through explicit academic discourse (McKay & Devlin, 2014). One of Tinto's idea that is relevant to my participants' situation is the embedding of early and proactive academic support within the classroom (2017b). This approach offers an alternative to the 'add-on system' that highlights deficiency and difference in ability. Kift, Nelson and Clarke (2010) argue that an embedded process is particularly supportive of the first year university experience, a time that, for the participants in my study, was associated with multiple academic and non-academic challenges. A move to an embedded process would also increase accessibility of learning opportunities for women students with responsibilities outside the university.

The embedding of computer literacy support is a further essential part of the acculturation process. This approach would help the women in my study access and engage in online learning options earlier in their degree, a time when they face an often overwhelming mix of competing demands. It would also provide a grounding in the essential information technology skills required of graduate nurses in an increasingly technologically-driven profession.

The women in my study found in-class learning offered valuable opportunities for social engagement, and access to social capital. This learning medium promoted social integration, and with this, feelings of belonging and identity, factors increasingly recognised as important influences on student progression (Thomas, 2012, Wilson et al., 2016). Strategies that

improve early access to online learning must consider how these social integration opportunities can be retained. Stone and O'Shea (2019) recommend that a strong teacher presence and peer collaboration opportunities in online learning, can support the availability of this resource. This can be achieved in a number of ways, including the use of virtual classrooms and the opportunity within these to discuss shared life experiences, both within and outside the university, which are relevant to their university experiences and degree progression. My study has demonstrated however, that these changes rely, not only on investment in technology, but on the upskilling of academic staff in their own computer literacy.

A further area of dissonance was the clash of ideas of nursing and the nursing degree itself. The women in my study often began their degree with the view that nursing was a predominantly caring role, and that science and research subjects were irrelevant. The early units dedicated to science and evidence based practice led to feelings of disillusionment and uncertainty amongst the women in my study. This lack of appreciation for curriculum content is a recognised factor demotivating students at university (Lizzio & Wilson, 2004; Tinto, 2017a; b).

Research and critical thinking skills are unquestionably essential components of a nursing degree, reducing patient mortality (Aiken et al., 2014), morbidity and length of stay in hospital (Blegen, Goode, Park, Vaughn, & Spetz, 2013). Contextualising learning within situations which students recognise and value, may improve the acceptability of new and disparate ways of knowing (Dall'Alba & Barnacle, 2007). Offering what Tinto refers to as "meaningful connections" (2017b, p. 5) between science-based subjects and the discipline and practice of nursing using authentic, real world examples, is one way of doing this.

The third manifestation of dissonance appears to be unique to women students in intimate relationships. It refers to the difference in partners' expectations and understanding of higher education with the reality of the nursing degree. It also refers to the divergence in world views between partners and the participants in the study. Chapter 8 has demonstrated that these phenomena were most common in partners with no personal experience

of higher education. These partners offered less emotional support, and their relationships were particularly vulnerable to tension and conflict. Relationship breakdown accounted for all but one of the couples who separated during the degree. While removing the influence of obstructive partner behaviour enabled participants' ongoing progression, it also brought emotional distress and economic uncertainty. These represented new factors impeding the women's career choices and life opportunities.

It can be concluded that being the first partner to attend university had a profound influence on the women student's ability to participate and progress. Within Australia, research on first generation students in general has "received very little consideration" from researchers exploring the student experience (Southgate et al., 2014, p. 31). This may in part be influenced by the fact that Australia does not recognise first generation students as an equity group in higher education. The impetus to explore the experiences of these students is therefore lower. Where they are researched, Australian studies continue to use a restricted first generation definition that reflects the student's parental educational status (Baik et al., 2015; James et al., 2010). With the exception of Stone and O'Shea (2019) and O'Shea, May, & Stone (2015), the influence of partners' educational background is rarely considered in first generation or first-in-family studies.

This omission perpetuates the idea that the 'typical' student is a school-leaver who is not yet in an established relationship and has minimal external responsibilities. In failing to capture the experiences of many 'types' of first-in-family students, the resulting evidence is limited in its scope for effectiveness. In acknowledging and responding to these difficulties, nurse education can reduce situations of inequity and support this group of motivated, experienced and empathetic students to complete their degree and enter the nursing workforce.

Hidden strengths and qualities

While Bourdieu's concepts of cultural, economic and social capital was crucial in the interpretation of the student experience, it did not offer a comprehensive way of understanding these supportive factors. In ignoring certain strengths and abilities important to non-traditional student success,

Bourdieu's approach has the potential to undermine the value of these students to higher education. This narrower path to understanding may have reinforced the commonly reported view that non-traditional students are wholly problematic, with deficiencies that require university intervention (Devlin, 2013; McKay & Devlin, 2016). It also creates an expectation that these students must 'fit in' with the university culture and its academic discourse which, according to McKay & Devlin (2014, p. 954) is "inherently middle-class... [[and] subordinates other discourses".

In taking a public health approach, a wider understanding of the women's lived reality as university students was revealed. According to Giddens, structure and agency are interdependent factors affecting this reality. Although structure has the capacity to limit individual agency, it can also support it (Giddens, 1981). In studying women who continued at university, my study has identified the structural factors that supported the participants' agency across every stage of the degree journey. For the first time in the nurse student literature, these factors have been conceptualised within a multidimensional framework of student capital. This has provided important understanding of the way women students overcame seemingly insurmountable challenges to their commencement and progression at university.

The women in my study were found to be tenacious, goal focused students who possess the caring qualities and life experience essential to the nursing profession. Many of these strengths and qualities were captured within the dimension of aspirational capital. Occupational goal commitment is strongly associated with retention (Tinto, 1993). This was well-established from commencement and acted as a consistent motivator throughout the degree. While a particular strength amongst the participants in my study, other research indicates goal commitment is less common across Australian higher education; a national study of undergraduates reporting just 20% and 30% had a good understanding of, and commitment to their chosen degree discipline. Like Tinto, these researchers found an association between poor occupational goal commitment with high rates of attrition (Cherastidtham et al., 2018).

For the older participants, their mature-age status brought other advantages. Their resources of experiential capital, a dimension which is necessarily less available to younger students, supported them across a diverse array of situations in their nursing degree. Honed by years of juggling children, home duties and paid work, these women applied their practised organisational and time-management skills to manage the ever changing and often overwhelming demands of the curriculum. In clinical situations their experience caring within the family and in paid work, helped them empathise and relate to people from a range of backgrounds. These qualities, so important to the nursing profession, enabled these women to persevere in a clinical environment which could be unwelcoming and distressing.

The women in my study were often autonomous, proactive learners. Although time-poor, most invested time and effort in extra-curricular classes, to develop the skills needed to navigate through an unfamiliar academic environment. While this often involved compromise and sacrifice, it ultimately enabled progression.

My study highlighted that resistant capital is perhaps most crucial to students who face inequitable situations and power imbalances within the family, the university and the healthcare sector. Resistant capital provided a way of understanding how participants overcame seemingly unsurmountable difficulties in order to succeed at university. Many initially drew on resistant capital to overcome personal and family reservations of the value of university and of their ability to begin their degree. Following commencement, most challenged their personal traditional ideas of femininity, adjusting their own priorities and perspective sufficiently to manage their degree demands. Many coped with relationship difficulties, and eight separated from partners in order to progress.

To take advantage of these 'hidden strengths', nurse education needs to adopt, what Thomas and Quinn's (2007) refer to as a 'transformative approach' from one that "privileges and prioritizes the values and *modus operandi* of middle class students over students from under-represented and non-traditional backgrounds", to one that is informed by a wider range of student values, experiences and expectations (2007, p.127).

Learning opportunities that identify, nurture and celebrate a range of student strengths and capabilities can empower the student experience (Thomas, Bland, & Duckworth, 2012). Personal reflection and group discussion can highlight attributes and qualities not traditionally associated with student success, but essential to nursing competence, such as complex organisational and communication skills.

The possession of empathy and an aptitude for caring and nurturing requires particular celebration in a climate where degree nurses are increasingly accused of lacking these elemental qualities (Rolfe, 2015). The life experience of the women in my study, and the value they attached to these traditionally 'feminine' qualities suggests they possessed them in abundance. Activities within the classroom and the clinical practice arena that identify and celebrate these qualities can serve to improve these student's sense of belonging and self-efficacy as future nurses. They also offer a valuable learning opportunity for nurse students with less life experience, and those who may initially underestimate the importance of caring in nursing.

The changing lived reality of women students

Gadamer's hermeneutic philosophy (1975) describes how understanding is created through a fusion of horizons, brought about by new situations and interactions with others. Within higher education, these new situations and interactions provide a transformative learning experience (Dall'Alba & Barnacle, 2007; Mezirow, 1991; 2003). This study demonstrates the importance of understanding the student experience as an ongoing journey. As the social reality of the student changes, so does their university experience.

The nursing degree exposes students to new social and cultural interactions with patients and colleagues, and to a new way of understanding the perspectives and lived reality of others. The encouragement of personal reflection and evaluation of new situations leads to a deeper more insightful understanding of the world, and of their own place in the world. For some women, these experiences helped them to overcome, or to at least suspend, deeply entrenched ideas of femininity and their personal responsibilities,

enabling a readjustment of their division of time between home and university, and therefore their ability to progress.

The broadening of their vision meant these women now saw new possibilities and opportunities for the future, both for themselves and their children. Over time, and through persistence, the women also began to develop and enjoy an emerging student identity. In their study of seven mature-age women at university, Stone and O'Shea (2012) proposed that the growing student identity offered their participants greater control over their lives within the university setting. It may be that for the women in my study, this feeling of control may have prompted an expectation of greater autonomy within the family home.

While their personal growth supported progression in many ways, it also presented new challenges. Discussed under the 'dissonance' within these conclusions, the women's broadening of horizons of understanding led to new insight and aspirations which in some respects, differed from their partners, whose views predominantly remained unaltered.

It is evident from my study, however, that nurse education needs to take account of the fluctuating nature of the university experience across the whole student journey. Crucially it needs to understand how the transformative nature of the nursing degree affects women student's lived reality and capacity to commence and progress to graduation.

Despite pleas from Nora and Crisp (2012) and Tinto (2012) to look past the first year, research into the university experience continues to focus on this early stage of the degree, and the factors influencing student transition, with national studies in Australia dedicated solely to this phase of the student journey (Baik et al., 2015; James et al., 2010). The reasons for this focus appear to be the high levels of attrition associated with this early stage of the degree (Tinto, 1975; 1987; 2012). My study, however demonstrates that women students face threats to their progression throughout their nursing degree. Understanding the whole student experience through the perspective of the students' changing lived reality is particularly warranted for these students.

Summary of conclusions

Higher education as a vehicle of social justice for women students

Social justice, underpinned by its principles of rights, equity, access and participation (Germov, 2019), is a central objective of the widening participation process in higher education (Furlong & Cartmel, 2009).

Social justice is also recognised as an important concept in nurse education, as nurses have a key role in addressing the structural factors that create inequalities in health (International Council of Nurses, 2012). Public health nurses working in the community in particular advocate for and empower individuals and communities experiencing inequity. For this reason, nursing academics have called for a stronger emphasis on this subject within the nursing curriculum (Boutain, 2008; Einhellig, Gryskiewicz, & Hummel, 2016). Nurse education does not however, appear to fully consider nurse students' own experiences of social justice within higher education.

In accepting alternative entry qualifications and part-time study options, the university supported non-traditional student access, both to a higher education qualification, and a career in nursing. In doing so, it opened up a pathway to higher social and educational status. Once students began their degree however, the university's lack of recognition of the influence of a woman's social reality, including her personal life, on her capacity to participate and engage led to situations of inequity.

The reliance on centralised extra-curricular student support implies that the university assumed the majority of nurse students began as well socially and academically integrated individuals. Furthermore, the organisation of the practicum suggests the university saw its students as completely free agents, able to prioritise the university over competing or conflicting responsibilities with little notice.

Finally, the university's inconsistent and somewhat inflexible attitude to students experiencing personal difficulties indicates a surmising that students had access to an array of alternative support mechanisms. Together, these assumptions and expectations resulted in situations of inequity of opportunity for the women in my study, their effects permeating throughout the degree and into future career decisions.

These inconsistencies illustrate the existing debate among feminist scholars of the empowering nature of higher education for women students. Summarised by Edwards (1993), the argument proposes that while a place at university offers autonomy and enhanced social mobility to women students, the transmission of dominant middle class, white male cultural norms in higher education simultaneously acts to temper or negate such opportunities.

Higher education had a particularly paradoxical influence on the social justice outcomes of women who separated from their partners during their degree. While offering access to a higher education qualification, a professional career, and the benefits and opportunities associated with this, it also left them with diminished financial and social resources. The ramifications of separation are known to have a long term impact on women's lives, and the lives of their children (Amato & Cheadle, 2005; Coleman & Glenn, 2010; Mercadante, Taylor, & Pooley, 2014). In Australia, de Vaus, Gray, Qu and Stanton (2014) reported that it took on average six years for a woman's household income to recover after separation. For those with dependent children, this recovery often relied on contributions from the Government benefit system.

Children of mothers who graduate from university are in a position to benefit from the associated increase in social and capital available to them. The children of women who separate however, are also likely to experience a reduction in economic capital within the family. In these situations, the capacity of higher education to promote social mobility and advance social justice is debatable. While the university cannot prevent relationship breakdown, it has the capacity to ease the stress and tension imposed by its organisation and delivery of the nursing degree curriculum.

Recommendations

A personalised and responsive model of nurse education

A new approach to nurse education is required, to enhance student agency and equity of opportunity, and limit the attrition of those women students who find their participation in higher education incompatible with their personal lives outside the university.

The translation of a study's conclusions into effective action is the ultimate aim of research. However, this is only realised in the minority of both public health and nursing studies (Brownson, Kreuter, Arrington, & True, 2006) and studies with a specific focus on student continuation behaviour (Tinto, 2006-2007). To facilitate this translation, a personalised and responsive approach to nurse education is proposed as a vehicle to embed the principles of social justice across the student experience.

During the time of this study, the School offered individualised student support in the form of an academic tutor model. This was an opt-in informal support system offered by motivated teaching staff. The availability of this service was, however, very limited as it was offered by a small number of academic staff, on a first-come, first-served basis. While describing her experience in positive terms, just one student mentioned participating in this scheme during her time at university.

The following section outlines a number of examples from the international higher education setting in which universal and formal personalised student support systems have been offered. While acknowledging the limitations of these systems, this study proposes that the adoption of a similar individualised and responsive student support system within Australian nurse education could promote greater equity of opportunity, enhance the university experience, and support the progression of women who study while in an intimate relationship. While other examples of individualised student support exist, such as peer mentoring, the personal tutor/academic advisor models offer a holistic and coordinated approach that provide practical solutions to many of difficulties faced by my participants in their interactions with the university. Both these models are used extensively across the USA and the UK higher education sector as effective ways of supporting the student experience and student retention.

Contemporary student support systems across higher education

In many countries, higher education institutions organise student support through centralised services. This is the case in Australia, France and Canada (Lindsay, 2011). While offering valuable support, these services rely on the student having the capacity to access them. A centralised approach

also results in a relationship between academics and students which is limited to formal teaching situations, and therefore detached from the student's personal issues which may impact their ability to engage and integrate. This detachment reduces the opportunity of academic staff to understand and meet the complex needs of an increasingly diverse student group when planning curricular and extra-curricular initiatives.

Despite the current tendency for a centralised organisation of student support, the importance of personal contact between the tutor and student is attracting increasing interest in Australia. According to Denise Wood, Director of Central Queensland University Centre of Regional Advancement of Learning Equity, personal reasons represented the “vast majority” of attrition in a recent study at the University (Wood, 2018a, para. 1). While acknowledging that these circumstances were outside the University's direct control, she proposed that a personalised system of student support would mean they were not outside its ability to support students experiencing these difficulties. Personal contact she argued could “create a link between [students'] personal circumstances and their academic study” (2018, para. 19) thereby fostering a sense of belonging and increasing retention. Professor Wood's recent study of the student experience across five Australian universities found academic staff were “particularly well placed” to identify students in need of intensive and ongoing personal support, and were “best placed” to provide this support, and to facilitate student progression at university (Wood et al., 2018b, p.7).

The Australian Department of Education and Training (DET) has also recognised the potential benefits of a more personalised student experience, describing the Personal Tutor Model, used in the UK, as “promising practice” which supports student engagement and retention (DET, 2017b, p. 63). In 2008, Dean of Students, Associate Professor Michelle Fleming implemented a ‘Personal Adviser Scheme’ to assist international students at the University of Canberra. Modelled on UK and USA personalised student support systems, the scheme has evaluated positively since its implementation (M. Fleming, personal communication, January 10, 2018).

Two countries in which a personalised system of support is widespread in higher education are the USA and the UK; in both countries, it is offered by the majority of higher education institutions (Grey & Lockie, 2016; Tinto, 2012). In both countries all students are allocated an academic staff member who offers one-to-one, continuous support from commencement. In the USA, this support is offered by an academic advisor, a staff member who often possesses teaching and counselling experience, and who has earned a higher degree in the subject in which they advise. The aim of the academic advisor role is to maximise student outcomes. The National Academic Advising Association (NACADA) has summarised the role as one which “synthesizes and contextualizes students’ educational experiences within the frameworks of their aspirations, abilities and lives to extend learning beyond campus boundaries and timeframes” (2006, para. 9.). Core values of the system are listed as: “caring, commitment, empowerment, inclusivity, integrity, professionalism and respect” (NACADA, 2017, para. 4). Other studies have reported academic advisors have a significant impact on retention numbers of college students in the USA (Pascarella & Terenzini, 2005; Tinto, 1993; 2012).

A similar system exists in the UK in the form of the Personal Tutor Model. The Higher Education Academy (2015, para.1) defines the personal tutor as “a member of academic staff who provides academic guidance and pastoral support to a student during their course of study”. This system has also been positively associated with university student retention (Laycock, 2009; McCary, Pankhurst, Valentine, & Berry, 2011; Thomas & Hixenbaugh, 2006). Within pre-registration nursing in the UK and USA, the personal tutor and academic advisor have been commonly identified as important mechanisms of student support (Harrison, 2009; Kevern & Webb, 2004; Por & Barribal, 2008).

Personalising the nurse student university experience in Australia

As highlighted by this study, the needs of nursing students are often complex, multi-faceted and subject to change over the course of study. Por and Barribal described the role of the personal tutor in undergraduate nurse education as “smooth[ing] the path” of students who are taking this ever changing journey (2008, p. 103). In offering a consistent, one-to-one

relationship throughout the degree, the personal tutor is ideally placed to get to know the student, identify their strengths and vulnerabilities and react to their changing needs.

Offering effective and relevant support requires an empathetic understanding of students' lived reality, including their background, tradition and culture, and personal motivations. This supports an understanding of how the student interprets university and how they best learn. One-to-one discussions between a tutor and student can help build a picture of this from commencement.

Where introduced, personalised student support systems have been shown to act as compensatory mechanisms for non-traditional students, such as the women in my study, who are affected by the sociocultural incongruity that exists between themselves and the university. Describing an academic mentor system in a South African university, Lockett and Lockett (2009) found students who were "pushing against race, class, gender and cultural constraints, without the requisite cultural, social and educational capital" particularly benefitted from this relationship (p. 479).

As academic staff within the School, personal tutors can offer a range of solutions to new students who are unfamiliar with the university culture. An example pertinent to my study would be the support of student access to online modes of learning. Face-to-face meetings with academic staff also provide an ongoing opportunity to exchange essential information regarding the curriculum. Acting as guides and role models, staff can introduce and reinforce academic norms associated with higher education. This provides an opportunity for the student who begins their degree in a position of dissonance to better acculturate within the university environment.

Importantly, this system can also identify, celebrate and harness sources of strength with the student. Discussion with students can highlight students' experience, maturity and well developed personal goals and their importance to their future role as a qualified nurse.

A particular asset of the personalised programme is the individualised student plan. Informed by personal discussions between tutor and student, the

plan sets, monitors and facilitates the achievement of agreed goals associated with progression (Grey & Lochie, 2016). Students are therefore actively participating in their learning progression. An ongoing evaluation of these goals formally identifies personal achievements and successes, which supports self-efficacy. This continuous process can also identify factors throughout the degree that hinder or support the student's progression, which can then be used to inform future practice.

A study into the personal tutor role by Luckett and Luckett found the creation of a safe, empathetic and emotionally involved environment provided students with an opportunity to "negotiate and try out emerging identities" (2009, p. 480). As academics who had themselves studied nursing and practiced within the profession, personal tutors within the School are well placed to offer 'insider' information about the cultures and social norms of higher education and the health service. In doing so, they can support the women's initial underdeveloped student identity, a key factor associated with successful transition into university (Wilson, Murphy, Pearson, Wallace, & Reher, 2016).

Personal tutors can also create opportunities for social integration with other students. In their evaluation of the role of the personal tutor, in a study of 722 UK undergraduate students, McCary et al. (2011) found the personal tutor was ideally placed to raise students' awareness of social groups, and to devise interactive situations.

The difficulties within the personal lives of the women in my study had an undeniable impact on their university experience and capacity to engage. The pastoral support offered by tutors and advisors therefore represents another valuable aspect of the relationship. British nurse students identified pastoral support as the main role of the personal tutor, and that this support had the greatest impact on their retention (Por & Barriball, 2008). A further UK study reported personal tutors were preferred to generic university counsellors as a source of pastoral guidance, as they understood the nature of the degree and its associated stressors (Kevern & Webb, 2004). These tutors could therefore offer empathetic and informed support.

Of particular relevance to my research is a study of the use of personal tutor system with nurse students in the UK, which found they were instrumental in offering pastoral guidance to students facing relationship difficulties and the stress of competing responsibilities outside the university. The authors of this study concluded that, while expensive in terms of time, it offered an important support mechanism in its ability to “maximise learning, reduce stress and facilitate personal and professional growth” (Rhodes & Jinks, 2005, p. 396).

The process of personal tutoring also offers academics the opportunity to learn about the lives and changing needs of the students, and the aspects of the curriculum that act as barriers and enablers to their progression. This data can be used to evaluate and improve the curriculum, support the student’s potential and enhance retention.

Personalising the clinical learning environment

Extending the principles of the personalised student experience to the way students are supervised in the clinical setting could mitigate the challenges facing students during their practicum experience. In my study, a key issue threatening progression was the feeling of being insufficiently welcomed and supported by qualified nursing staff. In addition, a common perception that they had spent insufficient time in clinical experiences, within too narrow a range of settings, left many feeling under-prepared to practice.

A more personalised approach to student supervision in the clinical environment may alleviate both issues. Current approaches to nurse student supervision vary between and within countries. Franklin describes five different models used in Australia (2013). The School used the facilitator/preceptor model, in which a facilitator (also known as a supervisor, and from now on referred to as such) oversees the supervision and assessment of a group of up to eight students within a clinical placement. As the supervisor is employed to work with a set group of students in a specific placement, students encounter a new supervisor with each successive practicum.

The preceptor within the facilitator/preceptor model is a qualified nurse who works with students on a day-to-day basis. Students are expected to

follow the shift patterns of the preceptor where possible. As preceptors are staff working in a specific ward or community setting, students encounter a new preceptor with each new placement. The facilitator/preceptor model therefore makes it impossible for the student to develop an ongoing relationship with their supervisor or their preceptor or supervisor. This loss of continuity means it is impossible to develop an overarching picture of the students' strengths and resources, outstanding learning requirements and competing needs.

An ongoing four-way relationship between the clinical supervisor, the preceptor, the student and the personal tutor at university could inform this picture, and offer a more tailored clinical experience that optimises student learning within the restricted time period dedicated to clinical practice and the limited variety of clinical settings on offer. This approach would encourage student participation in their learning journey and support their developing occupational self-efficacy. A proactive and coordinated monitoring of the practicum by these different professionals could also prevent emerging issues becoming overwhelming, thereby safeguarding student progression. A continued relationship that builds trust and rapport could also contribute to the students' sense of belonging and support their socialisation within the profession.

Currently within Australia, the supervisor's role is limited to student assessment, monitoring and the provision of feedback (NMBA, 2015). In addition to the lack of continuity offered, this limited role further restricts the capacity of supervisors to support the nurse student in the clinical environment.

The nurse mentor model, offers a way to nurture, educate and protect the student across a series of clinical placements. This model is the standard approach applied in UK nurse education, where it has been valued as a way to explain and teach, offer support, supervision and help, provide encouragement and feedback, and crucially identify new learning and assessment opportunities (Foster, Ooms, & Marks-Maran, 2015). In offering a longer time period between the mentor and student (for example, for three months in their final practice placement), the model also offers greater

continuity of support. The mentor model is, however, uncommon in Australia. Where it has been used, the mentor's role has been poorly defined (Franklin, 2013).

A clarified and standardised mentoring system in Australia may offer a more personalised method of support for nurse students in practice. Ideally, this would involve mandatory training for all mentors, something which is not readily available for preceptors and which, although described as "ideal" for supervisors, is not mandatory (NMBA, 2015, p.6). Levett-Jones, Fahy, Parsons and Mitchell (2006) have described how this lack of preparatory training has resulted in resentment and an unwillingness by preceptors to adopt the additional responsibilities that come with the allocation of a student. Dedicated training may reduce this resentment and therefore lessen student encounters with unwelcoming staff and the associated feelings of low self-efficacy and alienation described by the women in my study.

Balancing the strengths and limitations of the personalised approach

It would be naïve to assume that a personalised student support system within the university and healthcare setting would be the ultimate panacea for the issues facing women in Australia who study nursing while in intimate relationships. Indeed, a fair evaluation of the potential of these approaches requires an acknowledgement of their limitations.

Within higher education, a commonly cited limitation of the personal tutor model is the time commitment expected of academic staff to accommodate the role. Other concerns include staff who feel prepared to provide pastoral support, and others find the emotional toll overwhelming (Braine & Parnell, 2011, Por & Barribal, 2008; Watts, 2011).

The mentor system is also not without criticism. Again, time constraints are commonly referred to, with nursing students in a London university reporting staffing shortages reduced the time available with mentors, and with this, the potential benefits of this relationship (Foster et al., 2015). From a UK perspective, the current nursing staffing crisis in the National Health Service (NHS Digital, 2018; RCN, 2016) suggests the availability of mentors is likely to be increasingly threatened.

These concerns, and the different health and educational contexts of Australia, the UK and the USA may render the wholesale adoption of the personal tutor/advisor and nurse mentor models unrealistic. The comparatively shorter time in practice in the Australian system, for example, makes the extended times UK students spend with their mentor unachievable in the Australian context.

However, the main underpinning principles of these systems show promise in their ability to enhance social justice within Australian nurse education. Personal tutors or academic advisors could complement the current, more centralised academic support services, offering a continuous, seamless, tailored and responsive support mechanism. The clinical practice experience could invest in trained mentors for each student, who, in working with the personal mentor and student, could facilitate students' realisation of their right to an equitable university experience, providing support with socialisation, a sense of identity and a feeling of belonging.

Despite their many potential benefits, such systems require sufficient funding, with mentors, tutors and advisors appropriately trained, and compensated for time invested in the student relationship. Remedial mental health education is also important. While personal tutors and mentors cannot and should not take the place of professional mental health specialists, they have an important role in identifying potential concerns and referring students to specialist support services. Findings from a UK study into the mental health of university students reinforces the importance of this role. This found a recent sharp rise in the number of university students experiencing mental health problems, particularly among women (Thorley, 2017). In the same year, a study of mental health of Australian higher education students, albeit with a focus on those aged 18 to 24 years, recommended universities must recognise its responsibility for the mental health of its students (Orygen, The National Centre of Excellence in Youth Mental Health, 2017).

As Australia continues to face nursing shortages and to attract increasing numbers of mature-age women students, the benefits of adopting these changes may ultimately outweigh the costs associated with their implementation.

Extending the learning from the study to other degree disciplines

The changing landscape of the student body to one which is increasingly represented by mature-age women, cannot be overlooked by those dedicated to enhancing the student experience. While crucial to nurse student outcomes, this shift in student demographics also has implications within other university disciplines. Understanding and meeting the needs of these students' complex, and heterogeneous university experience requires an awareness of their changing social reality within and outside the university.

While informed by nurse students' experiences, the findings in this study may have value in the support of women studying in other disciplines, especially those with similar student cohorts and curricular. Two such disciplines in Australia are education and paramedicine. Education degrees, like nursing, attract more women than men. In Australia, 80% of primary and 58% secondary school teachers are women (Weldon, 2015). As with nursing, the discipline has moved to a higher education model from a vocational training approach, and its curriculum includes long practicum placements. This degree also attracts higher than average representation of LSES students (DET, 2015). Paramedicine is a more recent health discipline to enter higher education. Although still predominantly male, it is increasingly attracting women students. As a consequence, women paramedics in the workforce increased from 26% to 32% between 2006 and 2011. In 2011, over half of paramedics aged 20 to 29 years were women (Paramedics Australasia, 2012). These similarities infer that the women students taking these disciplines may have comparable university experiences, and face similar situations of inequity to the women nurse students in my study. The learning and recommendations from this study may therefore be highly transferable to these disciplines.

Recommendations for further research

Interpreting the nurse student experience through the principles of public health and the philosophy of Gadamer

A fundamental principle of public health is to address inequities experienced by disadvantaged social groups. In taking a public health approach, my study has highlighted multiple situations of inequity experienced by women students, and the complex interrelationship of structure and agency on these situations.

Despite the fact that nursing attracts many students across a range of non-traditional student groups, the research into their experiences is not necessarily effective in creating an authentic understanding of their university experiences. A review of the literature (Chapter 2), and the theoretical underpinnings of these and similar studies (Chapter 3) reveals a continued lack of consideration of a student's non-traditional status on their university experience. In order to build on the current scant body of evidence, studies which apply a public health perspective are needed which explore the student's lived reality. Conceptualised within a framework of student capital, this can offer a sensitive and authentic way of interpreting the student experience, and students' individual needs and strengths.

A research methodology congruent with a public health approach is one informed by Gadamer's hermeneutic philosophy. This offers a way of creating a nuanced and holistic understanding of who these students are, their history, tradition and culture, and the way this influences their university experiences. Gadamer's philosophy is ideally suited as a methodology within qualitative research, as it facilitates the exploration of new areas of interest from the student's own perspective. Gadamer's ideas of collegiality, participation and respect are also important in research that intends to promote social justice for women, through the authentic projection of their voices and experiences.

My study has also demonstrated how the student experience and associated needs alter across the degree journey. Studies with a cross-sectional design cannot capture these changes, nor can they explain how and why they occur. Understanding the nurse student experience through a longitudinal lens provides a way of informing nurse education of these important changes.

The implementation and evaluation of a personalised higher education experience in nurse education

The idea of a personalised higher education experience has attracted attention in Australia, its merits described in the international literature. Despite this, evidence of its effectiveness within the Australian Higher Education context is missing. The positive evaluation of Fleming's 2013 Student Adviser

Project, for example, although reported within the university setting, was not published in the wider literature.

While initiatives which implement a personalised approach may prove valuable, a dissemination of their contribution to the student experience is essential if they are to generate wider interest in the university student support arena, and inform the culture and systems of higher education. Nursing students are an increasingly complex and diverse student group; supporting their university experience is important if the future workforce shortage is to be reduced. Studies that pilot a personalised approach with this student group are therefore particularly warranted.

An exploration of the influences on the retention of women who are in an intimate relationship within the nursing workforce

The retention of the workforce is a further issue requiring attention if nursing shortage are to be effectively addressed. While not the focus of this study, some of my findings suggest that being in an intimate relationship is also a powerful factor influencing career choices and workforce progression.

Highlighted in Chapter 1 of this thesis, Australia currently faces increasing ‘natural attrition’ through retirement as the workforce ages. However, attrition is a major concern across all ages of the nursing workforce, with a nationwide survey reporting that 32% of practising nurses indicated they had considered leaving the nursing/midwifery profession, and 25% stating they were either likely or very likely to go (Holland, Tham, & Gill, 2016). Unhappiness and stress within the working environment was an important contributory factor. Nurses who were mothers and partners were described as facing the “constant grind” of trying to balance work and family life, while put under pressure by management to work additional shifts (p. 50). Almost half the survey respondents indicated that while their family were happy for them to work, they were not reliable sources of help with domestic duties.

Following graduation, the women in my study will begin practice after an often intensely stressful period at university, during which their relationship with their partners has been placed under strain. In doing so, they will be entering another stressful environment, in which a challenging and demanding

work situation, changing shift patterns and last minute alterations to duty rosters are an accepted reality.

Research into women who work a full-time capacity in non-standard employment such as nursing, has demonstrated a relationship between family conflict and hours worked (Hosking & Western, 2008). It appears some of the women in my study had preempted this situation in their plans to work part time. Others who begin in a full-time capacity may also revert to part-time work to manage this conflict or cease their employment altogether. Alternatively, they may decide to stop compromising their ambitions and end their relationships. Both outcomes have implications for women's continued practice. Studies exploring these questions could inform strategies to better support these women in the workplace and retain their contribution to the profession.

Final Reflections

The widening participation process has made higher education an increasingly accessible option for non-traditional students. In undergraduate nursing, the majority of these students are mature-age women.

My study has indicated that women who study nursing whilst in an intimate relationship may experience inequity at university. Underprepared and under-supported, these students find themselves in a unique situation where multiple obstacles arising within the university and their own personal lives, act to disempower them. For these women, issues of gender compound and exacerbate many of the disadvantages experienced by other non-traditional students. These challenges limit their capacity to participate, achieve and progress in their degree, threatening their realisation of their career goal and the wider societal benefits associated with a higher educational qualification.

A personalised and responsive approach to nurse education is recommended, to promote an environment that can mitigate against situations of inequity, facilitate student participation, advocate for student rights, improve

access to learning opportunities, and ultimately support this valuable supply of future nurses into a currently threatened workforce.

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Appendices

Appendix 1: Research Design

Design	Study approach	Meaning/definition
Paradigm	Constructivism	Considers reality to be subjective, relative and socially constructed
Ontological position	Relativism	Considers local, co-constructed and multiple realities
Epistemological position	Interpretive	Shared construction of reality between participant and researcher
Further theoretical perspectives informing method	Feminist perspective	Research that works to promote social justice for women
	Public health perspective	Understanding the influence of structure and agency on opportunity and outcome in higher education. Exploring and promoting equity through social justice.
Ethical considerations	Consideration made of feminist ethical principles and close nature of qualitative research interaction with participants	Non-hierarchical, transparent process of data collection (including participant recruitment)
Approach	Qualitative	Focused on interpreting phenomena in terms of the meaning people bring to them
Data collection method Data analysis method	Application of Gadamer's tenets to data collection	Face-to-face, in-depth interviews. Non-hierarchical, consensus conversations
	Application of Gadamer's tenets to analysis and interpretation of data	Creation of meaning using themes and subthemes in particular the hermeneutic circle and fusion of horizons
Rigour in data collection and analysis	Ensuring trustworthiness of the data collection and analysis process	Application of a trustworthiness framework: credibility, confirmability, dependability, transferability and authenticity.

Adapted from Guba and Lincoln 1989

Appendix 2: Trustworthiness Audit Trail

Criteria	Examples	Chapter/s demonstrated
Credibility <i>The degree of confidence in the findings</i>	Consistent adherence to chosen principles throughout research process	4,5,7, and 8
	Making clear the chosen paradigm, philosophy and methodology.	4
	Providing definitions of concepts, measurements, definitions and terminology studied.	1
	Rationale for, and demonstration of congruence between research question, study design, methodology and method provided.	4 and 5
	Interview environment of trust, respect, honesty.	5
	Interview process using open questions, prompts, probes, checking for meaning, paraphrasing	5
	Persistent observation and prolonged engagement.	5
	Data saturation	5
	Re-listening to audio recording and verbatim transcription by researcher	5
	Timely analysis of data	5
	Inclusion and examination of theoretical perspectives against findings of the study	5
	Member checking	5
	Study limitations discussed	5
Dependability <i>The extent to which the study could be repeated</i>	Audited and transparent research process, design and context	5
	Overall research design, including data collection and analysis process described	4 and 5
	Interview schedule detailed	5
	Interview environment outlined	5
	Audited and transparent research process, design and context	5
Confirmability	Audit trail of data analysis and demonstration of reflexive approach	5

Criteria	Examples	Chapter/s demonstrated
<i>Findings are the result of consensus and reflection rather than the researcher's personal view, bias or a mere description of the participants</i>	Demonstration of application of hermeneutic circle and a development of fusion of horizons	5
	Researcher lens statement describing researcher's prejudices	5
	Reflective diary of researcher prejudices and changes of views during, and as a result of data analysis	5
	Inclusion of raw data to illustrate themes	7 and 8
	Identification and inclusion of discrepancies in findings	7 and 8
Transferability <i>Application of study findings to other situations and contexts</i>	Thick description	5
	Participant demographics detailed	6
	Context (time and situation) of study detailed	5
	Detailed definition and discussion of phenomena under study	3, 7 and 8
Authenticity <i>Fairness and social justice of the research process and outcomes</i>	Participants voice and perceptions shared with honesty	5, 7 and 8
	Discrepancies in belief and value systems identified	5, 7 and 8
	Reflexive attitude and approach demonstrated by researcher, with evidence of increased understanding of different perspectives and challenging of prejudices	5
	Examples of the above for participants provided, where observed	5, 7 and 8
	Informing participants of the purpose of the study and the context of the phenomenon under study, also sharing the intended outcomes of the study (how the findings will be translated into action)	5
	Sharing of findings with participants during and after the research process	5 and future action
	Publication of findings	Publication of literature review (previous version) and future action
	Translational research approach	9 and future action

Informed by Denzin and Lincoln, 2013

Appendix 3: Bachelor of Science (Nursing) Degree Curriculum

Degree can be taken full or part-time

Most theory units can be completed online

Degree consists of six practicum units and 18 theory units

Full-time Programme

Eight units are taken per year over three years

Students complete 840 hours clinical practice during the degree

Year one: Semester one

Three theory units (either online or on-campus)

One practicum unit. All based in the university (**one week in workshop in simulation suite**). No clinical practice with patient contact.

Year one: Semester two

Three theory units (either online or on-campus)

One practicum unit. (Twelve weeks of university workshops and **two weeks in clinical practice**)

Year two: Semester one

Three theory units (either online or on-campus)

One practicum unit (Nine weeks of workshops and **four weeks clinical practice**)

Year two: Semester two

Three theory units (either online or on-campus)

One practicum unit (Nine weeks of workshops and **four weeks clinical practice**)

Year three: Semester one

Three theory units (either online or on-campus)

One practicum unit (Nine weeks of workshops and **four weeks clinical practice**)

Year three: Semester two

Three theory units (either online or on-campus)

One practicum unit. (Five weeks of workshops and **six weeks clinical practice**)

Appendix 4: Participation Information Sheet

Study title: The university experiences of women nurse students who study while in an intimate relationship

My name is Lesley Andrew. I am currently undertaking a piece of research for my PhD degree with Edith Cowan University.

The purpose of my study is to understand your university experiences as a student at ECU. I would like to know what you feel has helped or hindered your degree progress during your time at university. It is envisaged that findings from this study will assist the university in its support of future nurse students.

Participation in my research would involve you being interviewed by me. I would like to interview you on two occasions, the second time around six months after the first. Each interview would last around one to two hours and would be audio-recorded. The interviews would be held at a time and place convenient to you.

Consent to participate

Your decision to participate is completely voluntary. You don't have to take part in this study and there will be no penalty to you if you decide not to take part. By completing and signing the attached consent form it is implied that you consent to take part in the study. You may however decide to withdraw from the study at any time, and again there will be no penalty.

Confidentiality

The information you give me in the interview will not be connected to your name or other identifying details. No one will have access to the interview/focus group recording or written notes except me and my supervisor. Your recording and notes will be kept in a locked and secure cabinet for a maximum period of five years, after which time it will be destroyed. During an interview you have the right to decline to answer any questions I ask and you have the right to stop the interview itself. Please note that occasionally interviews about personal experiences can cause upset or distress. Professional free and confidential university support services are available to all students at Edith Cowan, and I will help you to access these services should you require this.

The findings of the study will be published in nursing and education journals and presented at conferences. The published articles and conference presentations will not identify you as a participant.

Further information on the study is available from me, the chief investigator of the project at l.andrew@ecu.edu.au or telephone on 6304 5037. If you would prefer, you may instead contact my research supervisors Dr Leesa Costello on 6304 5459 or Dr Julie Dare on 6304 2613

If you have concerns about how the study is being conducted and wish to speak to an independent person please contact
The Research Ethics Officer
Edith Cowan University
270 Joondalup Drive
JOONDALUP
WA 6027
Phone: (08) 6304 2170
Email: research.ethics@ecu.edu.au

Thank you very much for your interest in my research, your time is greatly appreciated.

Sincerely,

Lesley Andrew

Principal Researcher

Appendix 5: Consent Form

Nursing students in intimate relationships: What influences your university experience?

Participant statement

I..... (please print full name) have read the information letter regarding the study above. I understand the purpose of this study and my involvement in this study. I have had any questions about the study and my expected participation answered fully and to my satisfaction. I understand that if I have any further questions I may contact a member of her research team (as indicated on the information sheet) at any stage throughout the study.

I freely agree to take part in an interview and for this interview to be audio recorded. I agree that the finding from this research maybe published provided my name or other identifying details are not used. I understand that all information I provide at the interview will be anonymised and my identity will not be disclosed to anyone outside the research team.

I understand that I am free to withdraw from the study at any time without penalty or the need to give a reason.

Signature (participant)

Signature (researcher)

Date

Appendix 6: Recruitment Poster (First Interview)

Attention all final year student nurses

**My name is Lesley Andrew. I am a PhD student who is
conducting research into the experiences of student nurses
at XX University**

If you are:

- **A female nurse student at ECU**
 -
- **In your final semester of your degree**
 -
- **Married or in a long term relationship with a male
partner**

**I would love to speak with you about your
experiences of being a student and what helped or
didn't help you to be successful at university**

**If you are interested please contact me at
l.andrew@ecu.edu.au**

Thank you

Appendix 7: Student Demographic Details

Participant	Age	Place of birth and migrant status	Children	Participant's educational background and employment (ASCO skill level)	Relationship at commencement	Partner's educational background and employment (ASCO skill level) FIFO worker?	First generation status of participant (parent only)	First-in- family status of participant (parents, siblings, children, partner)
Anne	38	UK Migrant	Two primary school age and one high school age	Higher education study (Registered nurse diploma). Associate degree. Intermediate service work (4)	Married 15 years	Higher education study. BA and MA Professional (1)	Y	Partner
Beverley	45	Australia	None	Further vocational study Enrolled Nurse (associate profession) (2)	Married for 10 years	No post school study. Tradesperson (3)	Y	Y
Brenda	46	UK Migrant	Two high school age	No post school study Associate profession (2)	Married for 10 years	Further vocational study Associate profession (2)	Y	Son
Candice	40	UK Migrant	On pre-school and two school age	Higher education study (BA) Associate profession (2)	Married for 14 years	Further vocational study Associate profession (2) then self-employed	Y	Y
Chantelle	38	Australia	Two pre-school age and one primary school age	No post school study Casual work unspecified	Married 8 years	Further vocational study Advanced services work (3) FIFO	Y	Y
Charlotte	30	Australia	Partner's preschool age child	No post school study Intermediate clerical and service work (4)	Living together 2 years	Further vocational study Tradesperson (3)	Y	Y
Ella	19	UK Migrant	None	Further vocational study Intermediate care work (4)	Living together for 1 year	Further vocational study Tradesperson (3)	Y	Y
Elise	34	New Zealand Migrant	Two primary school-age children	No post school study Associate profession (2)	Married for 4 years	Further vocational study Tradesperson (3) FIFO	Y	Y
Frankie	32	Australia	Two pre-school and one primary school age	No post school study Advanced clerical and service work (3)	Married 14 years	No post school qualifications Tradesperson (3)	Y	Y
Georgia	23	Australia	One pre-school age	Further vocational study Casual work, unspecified, intermittent with stay at home parenting	Living together 3 years	Further vocational study Tradesperson (3) FIFO	Y	Y
Jennifer	46	Australia	One high school age and two adult	Further vocational study Intermediate service work (4)	Living together 5 years	Higher education study. BSc nursing	Y	Partner

Participant	Age	Place of birth and migrant status	Children	Participant's educational background and employment (ASCO skill level)	Relationship at commencement	Partner's educational background and employment (ASCO skill level) FIFO worker?	First generation status of participant (parent only)	First-in- family status of participant (parents, siblings, children, partner)
						Health professional. Registered nurse (1)		
Jilly	45	UK Migrant	Two high school age	No post school study Intermediate clerical worker (4)	Married for 18 years	Further vocational study Tradesperson (3)	Y	Brother
Julie	48	Australia	Two adult	Further vocational study Associate profession (2)	Married 25 years	Further vocational study Tradesperson (3) FIFO	Y	Son
Judy	43	UK Migrant	Two high school age	Higher Education study (First year bachelor degree) Intermediate clerical work (4)	Married for 15 years	No post school qualifications Labourer (4) FIFO	Mother BSc	Mother
Keturah	20	Australia	None	No post school study Intermediate service and clerical work (4)	Living together 3 years	Further vocational study Apprentice tradesperson (3) FIFO	Y	Y
Kim	40	Australia	Two high school age	Higher education study (BSc). Associate profession (2)	Living together 2 years	Further vocational study Tradesperson (3)FIFO	Father MSc	Father and brother
Kylie	20	Australia	None	No post school study Intermediate clerical work (4)	Living together 2 years	Further vocational study Tradesperson (3)	Y	Y
Lauren	32	Australia	Two pre-school age	Further vocational study. Advanced service work (3)	Married 4 years	Further vocational study Tradesperson (3)	Y	Y
Leah	20	Australia	None	Further vocational study Intermediate service work (4)	Living together 1 year	Higher education study (BSc) Tradesperson (3)	Y	Partner
Maggie	44	UK Migrant	Two high school age	Further vocational study Enrolled nurse (associate profession) (2)	Married 20 years	Higher education study. BA and post graduate diploma Professional (1)	Y	Partner
Marla	21	Australia	None	Further vocational study Enrolled nurse (associate profession) (2)	Living together 2 years	Further vocational study Apprentice tradesperson (3)	Y	Y
Maureen	48	Australia	Two high school age and two adult	Further vocational study Associate profession (2)	Married 22 years	Higher education study MSc Manager (1) Works away	Y	Daughter and partner

Participant	Age	Place of birth and migrant status	Children	Participant's educational background and employment (ASCO skill level)	Relationship at commencement	Partner's educational background and employment (ASCO skill level) FIFO worker?	First generation status of participant (parent only)	First-in- family status of participant (parents, siblings, children, partner)
Michelle	40	Australia	Two high school age	No post school study Intermediate clerical/service work (4)	Married 10 years	Further vocational study Tradesperson (3) FIFO	Y	Y
Paige	24	Australia	None	No post school study Intermediate clerical work (4)	Living together for 3 years	Further vocational study Apprentice tradesperson (3)	Y	Y
Rebecca	43	Ireland Migrant	Two pre-school age and two primary school age	Further vocational study Intermediate service work (3)	Living together 20 years	Further vocational study Tradesperson (3)	Y	Sister
Ruth	38	Africa Migrant	On high school age	Higher education study (unfinished BA). Enrolled Nurse (Associate profession) (2)	Married 14 years	Higher education study MSc PhD candidate Current employment unspecified. Works away in the week	Y	Partner
Ros	40	Australia	One primary school age and one high school age	Further vocational study Other tradesperson (4)	Married for 7 years	Further vocational study Tradesperson (3)	Y	Y
Sharon	32	Australia	Three pre-school age children	Higher education study (2 years of undergraduate degree) Associate profession (2)	Living together for 6 years	Further vocational study Tradesperson (3) FIFO	Y	Y
Sherry	47	Australia	One high school age and one adult	No post school study Intermediate-clerical (4)	Married 20 years	Further vocational study Professional(1)	Y	Daughter